MICOMICO

PLACE OF DEATH o. COUNTY

MARYLAND
DIVISION OF STATISTICAL CE FilmG<sub>273</sub> 10

RTIFICA	DEPARTMENT OF AND RECORDS — BALTI		MARYLAND	962			
MARYLAND	o. STATE  Marylar		d lived. If institution b. COUNTY			re admiss	V
OF STAY IN 16	c. CITY OR TOWN (If o	utside carpo	rate limits, write RI				
days	[Federa]	sburg					
	d. STREET ADDRESS		05	X	2	e. IS RES ON A YES	FARM?
Middle	Lost	4. DATE	Mon	th	Do	у	Year
	ADAMS	OF DEATH	10	)	7		1960
MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER			
DIVORCED [	12-25-17	,	lost birthdoy) 42 yrs.	Months	Doys	Haurs	Min.

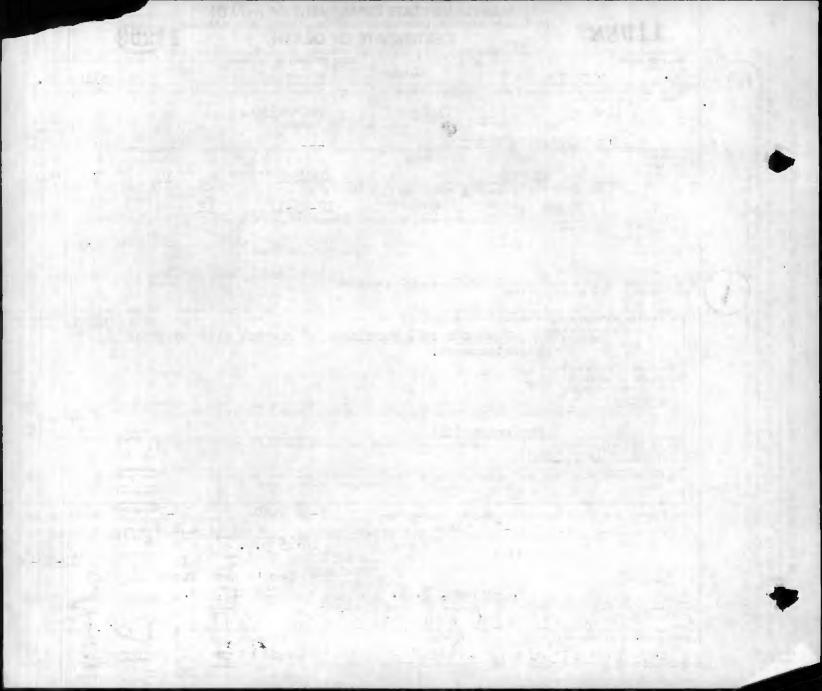
44	TOOTITOO			Tigrate	1254			TTIO OO
	utside corporate limits, w	rite c. LENGTH OF STA	AY IN 16	c. CITY OR TOWN (If		ate limits, write RU	RAL and give ne	arest town)
Salis		71 da	LYS	Federa	lsburg			
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give s	treet address)		d. STREET ADDRESS		15	4-7	e. IS RESIDENCE ON A FARM?
DEERUS	HEAD STATE	HOSPITAL				0 )		YES NO
3. NAME OF DECEASED (Type or print)	First GRO VE	Midd R	die	EMAGEA ADAMS	4. DATE OF DEATH	Mont		7 1960
S. SEX	00000 1000	MARRIED X NEVER MAR	RRIED   8.	DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HR
M		_	CED 🗌	12-25-1	7	lost birthdoy) 42 yrs.	Months Doys	Haurs Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS	OR INDUSTR	1			de-	F WHAT COUNTRY
Laborer				North C		8	U.S.	
13. FATHER'S NAME			A 11	14. MOTHER'S MAIDEN	NAME			
Joseph	Adams			Lucinda(L	ast na	me unkno	wn)	
15. WAS DECEASED EVER II	N U. S. ARMED FORCES?	16. SOCIAL SECURITY	NO. 17. INFO	RMANT		Addre		
(183, no. or unknown) (If )	yes, give war or dates of service)							
Conditions, if any, gave rise to imm couse (a), stating the lying cause last.	which (b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ons contributing to one phritis	DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE		19, WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Year 2	20d. INJURY OCCURRED While Nat while t wark at work		E OF INJURY (Home, for ry, street, affice bldg., e		or town)	(County	) (Stat
21. I certify that	(I) (this haspital) at	_ /.		7-28 1 ath accurred at		10-7		hat (I) (we) la
220. SIGNATURE	Veren		M.	ATTENDING _	p.m. MED. DIRECTOR	STAFF PHYS. K		22b. DATE SIGNE 10-10-
22c. PHYSICIAN'S NAME (Type)	Δ.	Juerman. M.	D.		er's He lisbury	ad State	Hospita	al
230 BURIAL, CREMATION, REMOVAL Specify)	23b. DATE THEREOF	236- NANE OF CH				IDN (City, town, o	o le	(State)

25b. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR DATE OCT 1 3 '60

Ceremo S. Heart

A15 (4)



# FOR STATE HEALTH DEPT TO D. IX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the clear is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the chief defector. Page 4 should be forwerded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your-files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board of the death, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours efter death.

VS. A15ME 5M 7/59

d

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 11989 MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 963

a. COUNTY	H		a. STATE	ICE (Where decease	d livad, If institution: I b. COUNTY	Residenca bafora admissio
	Wicomico	MARYLAND		rvland		Leomico
	(if outside corporate limits, ed give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and	d giva naarast town)
Sa	alisbury		6	Saliab	uicy.	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not i	n hospital, give streat address)	d. STREET ADDRESS			o. IS RESIDENCE
3. NAME 700 I	East Road		700	D East R	oad	YES NO
3. NAME OF DECEASED	First	Middla	Last	4. DATE	Month	Dey Yaer
(Typa or print)	William	A1	nderson	DEATH	10-1	1.7-60 19
5. SEX	6. COLOR OR RACE 7. MA		B. DATE OF BIRTH		(In years IF UNDER 1	YEAR IF UNDER 24 HRS
M	C WID	OWED DIVORCED	Feb. 22.19	909 5	WOIIII	Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE State	a or foreign country)	12. CIT.	IZEN OF WHAT COUNTR
V	abor		Florida	0	Т	I.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			LaMada
T	Jnknown		Mar	nie Andr	auc	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	1	Address	
NO	(If yas giva war or dates of servica)	24	unto do o	and house	1-0-14	Daniel rest
	DEATH (Enter only one cause	par line for (a), (b), and (c).)	www.cs		st told	I INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Od manda and	1 4			ONSET AND DEATH
501	DUE TO	Cirrhosis of	Tiver			year
Conditions, if an						100
gaya rise to immad	diata causa	Malnutrition				Jan
(a), stating that causa last.						
	FR SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART	MAN NAS AUTORS
(E)						PERFORMED?
20a. EXTERNAL C	ALISE WAS 1 20h DI	ESCRIBE HOW INJURY OCCURED.	(Enter nature of Injury in Pa	urt Lor Part II of Itam	IR )	YES NO
PART II. OTHE	ONTRIBUTING [	COUNTY HOURT OCCURES.	frings waste of tolers to the	in i or vall ii or nam	10.4	
		20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, for	m, ' 20f. (City or to	wn) (Cou	-1-1
20c. TIME OF INJ	1	While Not While   fee	tory, streat, office bldg., at		wn) (Cou	nty) (Stata)
ptiii.	17 1	work at work		1		
21. I certify t	hat I took charge of the	remains described above, h	eld an Autopsy X	Inspection K,	Inquiry X.	and in my opinion
death resulted	from: Natural causes	Accident , Sui	eide , Homicide	Undeter	mined manner	]
	Env	11	CHIEF MEDICAL	EXAMINER		
ACTUAL SIGNATURE	End N.	me	M.D. ASSISTANT MEI	DICAL EXAMINER	]	DATE SIGNED
EXAMINER'S			DEPUTY MEDICA			
NAME (Typa)	Earl L. Roy	er. M.D. 407	Camden (SAT)	eity, logopol clus	bury. Md.	10-20-6
22a. BURIAL, CREMATI- REMOVAL (Spacific		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	City, town, or country,	(State)
burial	10/22/1960	Fruitla		Fre	itland	Mđ
23. FUNERAL DIRECTO	OR A.A.	ADDRESS	24a. RE	C'D BY REGISTRAR	246. REGISTRAR'S SI	GNATURE
Clinton	Stewart Clin	long XIII	DATE DATE	OCT 25 '60	- minn	8. Huma
		7	7			

14.953 Go in a la la 1/1/401 (e) 144512367 BAOF BEAR OFF Back bra .005 -WALL Com . . . . Aming none ---Towns to almost the state of nola federaled obligation to the terms of the state of the with the terror of the first that the second of the second

VS A15 (4) 15M 9/5B 11990

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11964

CERTIFICATE OF DEATH

Reg. Dist. No.

									-			
	ACE OF DEATH COUNTY Wicon	າຳເດ		MARYLAND	2. USUAL RESIL		here deceased	lived. If institution b. COLINTY.	on: Reside			ion)
		If outside corporate limits	, write	c. LENGTH OF STAY IN 16	+	-	outside corpor	ote limits, write R	URAL and	give ne	arest town	)
		sbury		4 Wks	Phi 1	adel	phila					
d.		AL (If not in hospital, giv	re street		d, STREET A					6	e. IS RESI	DENCE
	Tony	Tank			43n	d & 1	Locust	75	X	-3		FARM?
DE	AME OF CEASED (pe or print)	First EMMA		LOIS	BATEMA		4. DATE OF DEATH	Mon	.O	22		9 60
5. SE)	X		7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years	IF UNDE Months		IF UNDE	
Fe	emale	White	WIDOWE	DIVORCED [	Setember	25,	1876	last birthday)	MOUNTS	Days	Hours	Min.
10a. t	USUAL OCCUPATION	ON (Give kind of wark do king life, even if retired)	ne 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State	or foreign co	untry)	12. CI	TIZENO	F WHAT C	OUNTRY?
	_	e Wife		Own Home	Oh	io				U.S.	A.	
13. FA	THER'S NAME				14. MOTHER'S	MAIDEN	NAME					
	Henry Co	ates			Ann J	ane l	Brown					
15. W	AS DECEASED EVE	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	INFORMANT			Add	ress			
1.00.00	No unknown)	fit has dies and or other or set	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None M	r. Wm. H.	Bate	eman L	11, Same				
CATION		the <u>under</u> DUE TO  (c)  HER SIGNIFICANT COND		ONTRIBUTING TO DEATH BU					'EN IN PA	RT 1(a)	19. WAS PERFO	NO D
	OR CONTRIBUTING	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY OCCURE	ED. (Enter nature a	finjury in	Part I or Part	II at item 18.)				
MEDICAL 20	Dc. TIME OF INJUR Haur o. m. p. m.	Y Manth, Doy, Year 19	While	NJURY OCCURRED 20e. If k at work	CACE OF INJURY (I actory, street, office	Hame, farr bldg., et	m. 20f. (City	or town)		(County)		(Stole)
2	1. I certify th	at I attended the a	deceas	ed fram 6-	25, 1951	, to	10-2	22, 1960	that I I	ast say	w the d	eceased
A	CTUAL IGNATURE HYSICIAN'S IAME (Type)	2-22 2. Clau	., 18 <u>/.</u>	, Ecces f	h accurred at	r fe		the causes and reet, city or lawn,		ne date		abave. E SIGNED
	SURIAL, CREMATIC	N, 22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county		(Stote	4)
R	REMOVAL (Specify) Burial			Parsons Cen					4.5		12.010	-1
	DUL' TELL			ADDRESS	ie cer y	24a, REC	'D BY REGIST	isbury			IRE	
			Salie	sbury, MArylan	nd		T 2 5 '60		,			
				J MALLY J. LOI	474	DAIGH	20 00	1 and	lug 9	1	4	

A CENTRAL PROPERTY. - 1,00 persons - 2,00 mills of The state of the s parente mesta a la . Market and the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11965

D. PLACE OF DEATH G. COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If suitside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
eninsula General Hispital	West Sol YES NOW
NAME OF First Middle Middle DECEASED Type or print) 10 15 0 00 0	Rigidaham  4. DATE OF DEATH  Reform  11 1966
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	ast Distriday Months Days Haurs Min.
CEMALO   VEGEO   WIDOWED   DIVORCED   USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR II	40000
. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	Salisteery md -UST.
ENTHERS NAME Sens from	Tachleen Harly
. WAS DECEASED FOR IN U. S. ARMED FORCES? 6. SOCIAL SECURITY NO.	17. INFORMANT  Address  Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) DUE TO	with finecure of the state of t
Candilians, if any, which ) (b)	Gamein
gave rise to immediate	
lying cause last.	itie
	LBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES NO
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20 Haur a. m. While Nat while	e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (Stat factory, street, affice bldg., etc.)
p. m. G. work _ G. work _	india in the little
21. I certify that (I) (this haspital) attended the deceased fro	
saw the deceased alive an 1960, and the	nat death occurred at 225PM, from the causes and an the date stated above
11/2/3 Smoth	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
BORIAN CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town, agrounty) (State)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
- 1 Vergentt Oles	DATE OCT 1 7'60
2082007-41	

filed with th. Page 4 Then please remave carbon papers. Pages 1 and may E. Director: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, are maintenance, and in an event, within 72 hours after death, the State Board of Health prior to burial, are maintenanced, and in an event, within 72 hours after death. L OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 TO HOSE

TION TO THE PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH 11966 DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, 1. PLACE OF DER 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND e funeral pulg be fi b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN/If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL of not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 22 YES NO T NAME OF Middle 4. DATE Day Last Manth Year DECEASED (Type or print) DEATH death. ages 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years S. SEX 7. MARRIED NEVER MARRIED campletely last birthday) Months Days after WIDOWED [ DIVORCED | popers. USUAL OCCUPATION (Give kind of wark done during most of yarking life, even if retired) (ACE State or fareign country) 12. CITIZEN OF WHAT COUNTRY? pup MOTHERS MAIDEN NAM 13. FATHER'S NAME 14. Line I physici remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o the **DUE TO** þ permit, Conditions, if any, which paubi (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. **burial-transit** ь After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. (State) Day, Year (County) factory, street, affice bldg., etc.) Haur o.m. Nat while at work at work p. m. detached far 1960, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. IM, from the couses and on the date stated above. saw the deceased alive an WA , and that death accurred at DIRECTOR: 22a. SIGNATURE 22b, DATE SIGNED MED. DIRECTOR OF pe M.D. PHYS PHYS. Board page 3 should i 22c. PHYSICIAN 22d. ADDRESS NAME (Type TO FUNER DATE HEREOF IAL, CREMATION EMPTERY OR CREMATORY 23d. LOC (State) 256, REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR arling & thouse VR A15 (4) 15M 9/59

after death.

The law requires that the death certificate be executed

Mariana to the teast in the same of the same M. Compage Miller Details - I'm 24 gu 2 avil aller to a control The second of th Chilly in County when the mile in the

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1,1,1,1,1									
1. PLACE OF DEATH o. COUNTY	1770017700		MARYLA	IND	2. USUAL RESIDENCE (\ o. STATE		b. COUNTY	1		nission)
L CITY OR TOWN !	WICOMICC		,		Maryl:			ne Arı		
RURAL and give ne		is, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (I	t outside corp	orate limits, write	KUKAL an <b>a</b> g	ive negresi to	wn)
	alisbury		2047 da	lys	Hanov	er				
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, g	ive Street	address)		d STREET ADDRESS		- Direct		e. IS R	ESIDENCE A FARM?
No. or and	ER'S HEAD S	TATE	HOSPITAL					1370		□ NO □
3. NAME OF	Fir	st	Middle		Last	4. DATE	Мо	n th	Day	Year
(Type or print)	HE	NRY			BLOB	OF DEATH	4 7	0	31,	19 60
S SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	जि. <u>वि</u>	DATE OF BIRTH		9 AGE (In years		YEAR IF UN	
M	W	WIDOW			2-23-85		lost birthday) 75 yrs		Days Hou	rs Min.
On USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDU5	TRY 11. BIRTHPLACE (Sto	le or foreign	country)	12. CITI2	ZEN OF WHA	TCOUNTRY
Carpenter	rtd		ontractor		Germa	antr		Ţ	J. S. A	١.
3. FATHER'S NAME	2 002	10	311 02 00 00 1		14. MOTHER'S MAIDEN					
Philip B	oh				Katherine		n k			
5. WAS DECEASED EVE		CES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT	D 0112 02		dress		
[Yes, no, or unknown]	If yes, give war or doles of s					T				
no				PIT	. Max Blob	- Jessi	ips, Ma			
		use per li	ne for (o), (b), and (c).]						INTERVAL	BETWEEN ND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Re	current cer	ebra	al thrombosi	S			10	
223	DUE TO						-			
Conditions, if a	an out late \		tonicacloro		acronol				2	
gove rise to in	n mediate		teriosclero	SIS	Renerar					
couse (a), stating	the under-	1								
lying couse lost.	) (c	1	<del></del>							
PART II OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION G	VEN IN PART	1(o) 19. WA PER	S AUTOPSY
3	Arterio	oscle	rosic cardi	ovas	scular disea	58			YES	□ NO □
20a. ACCIDENT WA	S UNDERLYING IT				. (Enter nature of injury i		ort II of item 18.)			
PART II OTH	CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour a. m.	Y Month, Day, Ye	or 20d. I	NJURY OCCURRED 2	Oe. PL/	CE OF INJURY (Home, fo	rm, 20f. [Ci	ty or town)	(C	ounty)	(Stote
Hour a.m.	10	While	Nat while	fac	tory, street, affice bldg ,	etc.)	, ,	,-	,	,
	.,	_	k ot wark			- 1		1 4		
21. I certify the	t (I) (this haspital	) attend	ded the deceased f	ram	<u>3-8</u> , 1	1 <b>55</b> _ , .ta.	10-	14, 160	, that (I	(we) las
saw the deceas	ed alive an 1	0-14	1960 , and t	hat d	eath accurred at	M, fram	the causes a	nd an the	date state	ed abave
22a. SIGNATURE	41 /					25 p.n				22b, DATE
	Vilue	rus	an.	,	ATTENDING PHYS	MED DIRECTOR	STAFF		7	SIGNED
22c, PHYSICIAN'S					22d. ADDRESS		Head St	oto IIo		
NAME (Type)	V	79	- 3/	D					spical	
			·Juerman, M.				ury, Md.			
23a BURIAL, CREMATIO REMOVAL (Specify)			23c, NAME OF CEMET			23d. LOC	ATION (City, town,		(S	lote)
Burial	10/18/60		St. Law	cenc			Jessup,		h La Ti IBF	
24. FUNERAL DIRECTOR	SIGNATURE	24	ADDRESS	12	0/7 250 RE	CT 1 REGIS	STRAR 256 REG	ISTRAR'S 610	VALUE	
17:700	WILL	<i>y</i>	AC MY LEC	~ 6	DATE					
0					1000					

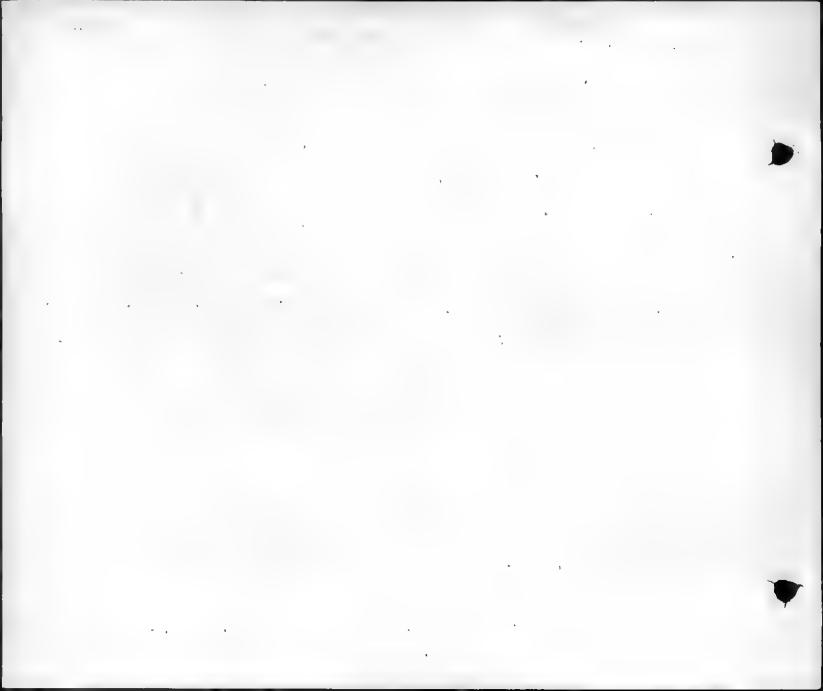
TO HOSP II OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death. Page 4 may 6 pined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this carifficate has been signed by the ottending pllysician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remaval, and in gay event, within 72 haurs after death.

VR ATE (4) 15M 9/59

:

1			MARYI	AND ST	ATE DEPART	MENT OF HEA	ALTH—BAI	TIMORE, 1	8	
7			12037		CERTIFIC	ATE OF DE	ATH .		Reg. Dist. No.	168
(N	A	. PLACE OF DEATH	1			II o. STATE	CE (Where decease	d lived If institution	n: Residence befo	re odmission)
(IA	1		Wicomico		MARYLAND	M	aryland		Wicor	
		b CITY OR TOW RURAL and giv	N (If autside corporate limi e nearest town)	ts, write c. LE	ENGTH OF STAY IN 16	CITY OR TOV	/N (If autside corp	orote limits, write RU	JRAL and give ned	srest tawn)
		J NAME OF HO	Salisbu SPITAL (If not in hospitol, g			d. STREET ADDI	Salish	ury		e. IS RESIDENCE
	101	OR INSTITUTION	DN		_	4				ON A FARM?
Ê	100	NAME OF	T. D. # 15	Dykes			14. DATE	Dykes Ro	ad	YES NO
	£1.	DECEASED (Type or print)	-	S.F	Middle	last	OF DEATH	Mon		•
	-	S. SEX	16. COLOR OR RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	00411	U/CHHOIO		IF UNDER 24 HRS.
		Male	CoT	WIDOWED 7	DIVORCED	_	6.1879	9. AGE (In years last birthday)  Q 4 yrs.	Months Days	Hours Min.
	- h	0a USUAL OCCUP	ATION (Give kind of work	done 10b. KIND		USTRY 11. BIRTHPLACE	(State or foreign i		12. CITIZEN OF	WHAT COUNTRY?
-		during mast af	working life/even if retired	)		77-2	rginia		II.S.	Λ
I	) h	3. FATHER'S NAME	myer -	-4		14. MOTHER'S MA				H.
	4	Т	uke Burt	on			Emma	Satchel		
			EVER IN U. S. ARMED FOR	CES? 16. SOCIA	AL SECURITY NO.	INFORMANT	A	Addr	ess	.1
		yes	Sparish a	Merce	- 8	lorge Bu	stor K.	iorva	ove, 1	alix and
			DEATH   Enter only one co		(o), (b), and (c).]	D O	1			ERVAL BETWEEN
		PART I.	DEATH WAS CAUSED BY: MMEDIATE CAUSE (o	Coro	mary	Gerlun	du		6	lux
		150	DUE TO							
			fany, which (b	•	·					
		couse (o), stot	ing the under- DUETO							
			OTHER SIGNIFICANT CON	-	RIBUTING TO DEATH B	UT NOT RELATED TO TH	E TERMINAL DISEA	SE CONDITION G.V	FN IN PART 1/o) I	9 WAS AUTOPSY
4		PART II.								PERFORMED?
A),Piller		4 20a ACCIDENT	WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature of in	ury in Part I or Pa	rt II af item 18.)		
2		THER, NO	ING CAUSE OF DEATH							
		20c TIME OF IN				PLACE OF INJURY (Han factory, street, affice blo	re, farm, 20f (Cit	y or tawn)	(County)	(Stote)
		E p.	10	While of work	Nat while of work	actory, arrow, arrive pri	Ant mant I			
	- 1	21. I certify	that Lattended the	deceosed fr	rom 8/4	15.2, 19 , 1	0 10/1	1960	hot I lost sav	w the deceased
	- 1	olive on 10	1/1/40	, 19	, and that dec	th occurred at#	P_M, from	the couses on	d on the dote	e stated obove.
		4.571101	Y D	1		0	ADDRESS (	Street, city or town.	state)	DATE SIGNED
1		SIGNATURE	T/1 17,	//ran	200	M.DOal	why	, ma		
1		PHYSICIAN'S NAME (Type)_		<b>(</b>	,					
	,	20. BUR AL, CREMA REMOVAL (Spec	TION, 22b. DATE THEREC	OF 22c.	NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	or county)	(Stote)
		Burial	10/5/1	960	Eben	ezer	TA TA	ard Tow	n Ties	gelman
1	P. 12	3. FUNERAL DIRECT	OR'S SIGNATURE	1 0	ADDRESS		B. REC'D BY REGIS		TRAR'S SIGNATU	
4	· L	linton	ch. Xtella	7 16	ruskry	4110 01	TE OCT 4			



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

11969

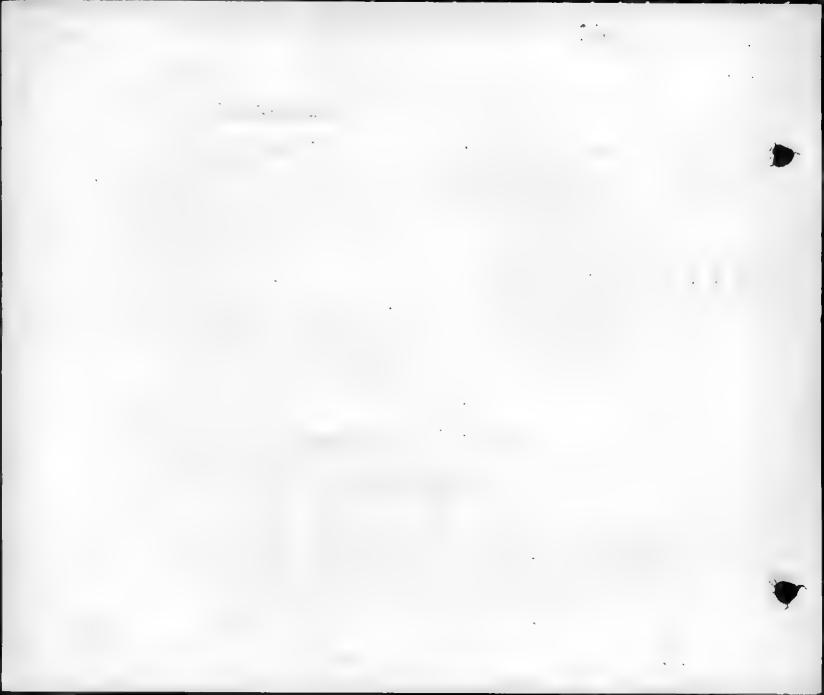
	n. PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: Resider	ice before admission)
H		LENGTH OF STAY IN 16	c City OR TOWN (If autside co	rporate limits, write RURAL and	
Į	RURAL ond give nearest town)	Week		ame In	71
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	11	d STREET ADDRESS	milia	e. IS RESIDENCE ON A FARM? YES NO [2]
ŀ	NAME OF DECEASED (Type or print)	Middle	Losi 4 DAT OF DEA		Day Yeor
İ	1 1., 1	NEVER MARRIED	E DATE OF BIRTH	9 AGE (In years IF UNDER Just buthday) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
ŀ	100 USUADOCCUPATION (Give kind of work done 10b KIND	· -	STRY LANGISTHE AF IS INTO AS FOREIGN	n country) 12 CtT	IZEN OF WHAT COUNTRY?
١	during most at working life even if retired)	OF BUSINESS ON INDU	Maryl	and a	122
1	3. FATHER'S NAME	9	14 MOTHER'S MAIDEN HAME	Villian	
j	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown,   (If yes, give wor or dotes of service)	IAL SECURITY NO 17, IF	NFORMANT	Address	/
7			no Doris D. C.	The lo Eel	on Till
ı	18 CAUSE OF DEATH [Enter only one cause per line fo	r (o), (b), ond (c) ]	1.0	7	ONSET AND DEATH
1	MMEDIATE CAUSE (a)	Sprayory	Heapes and	- Annual Control of the Control of t	66 600
	Conditions if any which	monay El	lina,		1 hours
	gave rise to immediate couse (o), storing the under-lying couse lost	as time	heart failur	દ	2 4015
1	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBL TUNG TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	ASE CONDITION GIVEN IN PAR	RT 1(0) 19. WAS AUTOPSY PERFORMED?
	3 Sion ch	ial or	thma		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONT  200 ACCIDENT WAS UNDERLYING 1 200 DESCRIBE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Part II of item 18.)	
	Hour a.m While	Not while fa	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	City or town) (	County) (State)
	21 I certify that (I) (this hospital) attended		July 1960 1	October 19/9	O, that (1) (we) last
	saw the deceased alive an O-C+ 17	-	death occurred at 2.5M, fro		
	220 SIGNATURE JOHN		ATTENDING MED.	STAFF	22b. DATE SIGNED
١	22c PHYSICIAN'S	~	M.D. PHYS DIRECTOR 22d. ADDRESS	PHYS.	OCF.17/76
	NAME (Type)				
F		NAME OF CEMETERY O	OR CREMATORY 23d LO	CATION (City, town, or county)	7_ (Store)
,	Buna 10-20-60	allin &	metry lo	ken.	Mit.
	24 FUNERAL DIRECTOR'S SIGNATURE	\ ADDRESS	250 REC'D BY REC	GISTRAR 256 REGISTRAR'S S	CATATILE

TO HOSPY

OR ATTERDING PRYSICIAN: The law requires that the death certificate be executed within 24 the after death. Page 4 may be need by the haspital or attending physician.

TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



TO HOSPIT

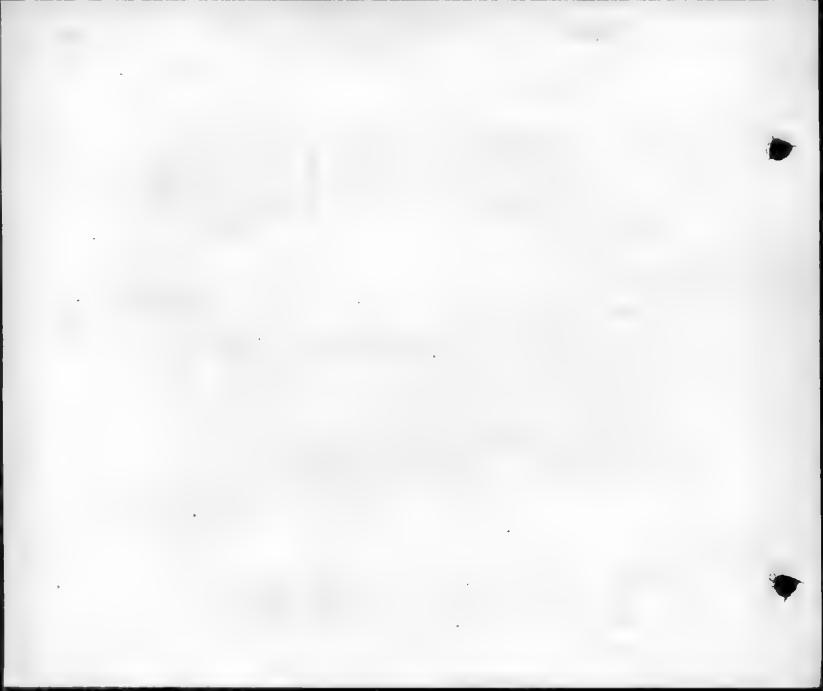
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11995

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11970

	1. P	COUNTY	Wicomico		MARYLAND	2. USUAL RESI	dence (Whe Marvla	re deceased lived. and	If institution: COUNTY	Residence be	
	Ь		(If outside corporate limits,	, write   c. LENGTH	OF STAY IN 16	c. CITY OR		tside corporate lim	its, write RUR		
		Salisbur	nearest Iown) 7	145	days	Preston					
1	c	OR INSTITUTION	Head State H	•		d STREET ADDRESS  o IS RESIDENCE ON A FARM? YES NO					
		NAME OF DECEASED (Type or print)	First Mari		Middle	Chase	~	4. DATE OF DEATH	Month		7eor 30 1960
	SS	Female	6. COLOR OR RACE		ER MARRIED 😭	B. DATE OF BIRT		9. AGI	birthdoy)	Months Day	AR IF UNDER 24 HRS Hours Min
	10a	USUAL OCCUPAT during most of wo Housev	ION (Give kind of work donking life, even if retired)  OTK	Home	SINESS OR INDU			r foreign country) aryland			OF WHAT COUNTRY?
	13.	FATHER'S NAME				14. MOTHER'S					
)			nown				ella C	hase			
		WAS DECEASED EV . no or unknown) No	ER IN U. S. ARMED FORCI (If yes, give war or doles of serv			rs. Elea:	nor Ed	monds, P	Addres hilade		Pa.
إمه	FICATION	Conditions, if gove rise to cause (a), stating lying cause last	ony, which (b)_ immediate of the under-	Garcir metastases	noma of ]					0	19 WAS AUTOPSY PERFORMED? YES NO TO
20a ACCIDENT WAS UNDERLYING 20b DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part 3 or Port II of item 18.)  OR CONTRIBUTING AUGUSE OF DEATH  OR CONTRIBUTING AUGUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of wark of wark of wark of wark											
	W		ot (I) (this hospital) used alive on _Oc		ceased from	ATTENDIN PHYS 22d, ADDR	d at9_A/		ouses and	on the do	te stated obove.  22b. DATE SIGNED 10/31/60
	230.	BUR AL, CREMATI REMOVAL (Specif BULL'18			of CEMETERY O			Near Pi	eston,	Maryl	
1	24.	funeral directo	tom and Son,	Federalsb	urg, Mar	yland		BY REGISTRAR 10V 7 '60		rar's signat Inthun S.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 11006

2082/8521

11971

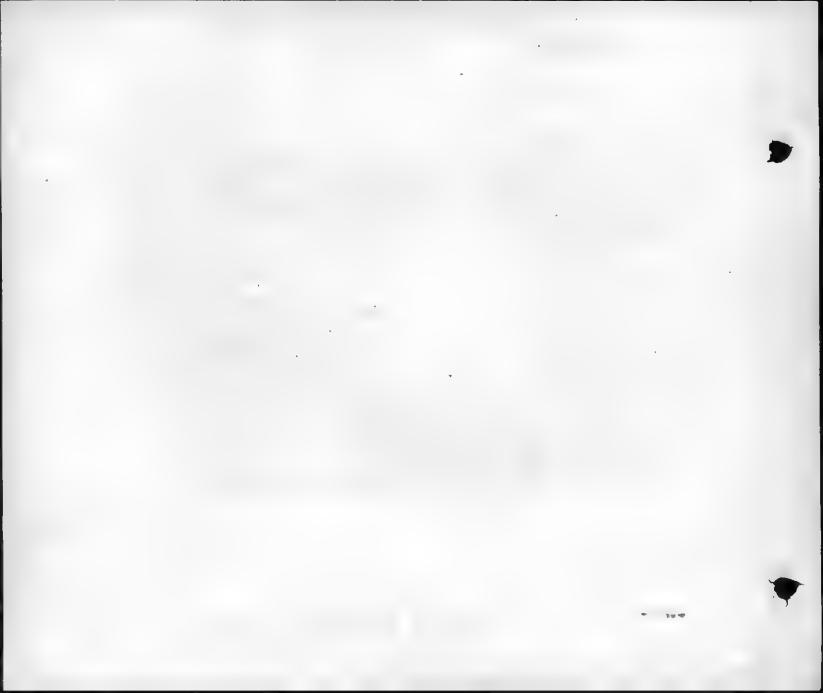
-						
1.	PLACE OF DEATH O. COUNTY.	MARYLAND	2. USUAL RESIDENCE (Wh		COUNTY / .'	ce before admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits		
I.	PALISDURY			Fruit	2115	
1.	d. NAME OF HOSPITAL (If hat in haspital, give street of OR INSTITUTION	HOSPITIAL	d. STREET ADDRESS			e IS RESIDENCE ON A FARM? YES NO
¥.	· vs he sult H Colletat	77	Lt			
3.	NAME OF First DECEASED (Type or print)	Middle CHR	ISTOPHOR	4. DATE OF DEATH	Tober.	Day Year 196
S.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		TYEAR IF UNDER 24 HR
É	EMALE NORD WIDOWE		October 17.	1960	rthday) Months	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work dane 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State	or foreign country)	12,011	ZEN OF WHAT COUNTRY
12			Mary  14. MOTHER'S MAIDEN N	and		
[J	FATHER'S NAME		( ) ) A . T	I .	01.1.	- MI
L			LUMRISI	opher,	6 IOUT	5 / /.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 bs. no. or unknown) [If yes, give wor or dates of service)]	SOCIAL SECURITY NO. 17 IN	IFORMANT	1 /1	Address	
Ľ			ladys (hr	13/00 DET	1-ruit	land Ind
	1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).		*		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	1 Emay	LYTY			
	DUE TO	(0) 10	1 000			144.77
	Canditians, if any, which ) (b)	(BIVTIAW	r7/09)	ns.)		1990 /11
ı	gave rise to immediate cause (a), stating the under-	-	/			
ı	lying cause lost.					
12	PART II. OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PAR	T 1(a) 19. WAS AUTOPS PERFORMED?
CATION						YES NO
CERTIFI	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I ar Part II af ite	m 1B )	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. While p. m. 19 at war	Nat while fee	ACE OF INJURY (Hame, form ctory, street, office bldg., etc		(1	County) (Stor
	21 I certify that (I) (this haspital) attend		10/17 10	23 , ta (_2/	17/ 106	20 that (I) (we) la
	saw the deceased alive an 12/17.	4	leath accurred at 3/	A		
	22a. SIGNATURE	700	200111 03001100 01323	777, 11 0117 1710 2,0	oses and an in	22b, DATE
	alluica	Mes		ED. STAFF RECTOR PHYS.		SIGNI
	22c. PHYSICIAN'S NAME (Type)		22d ADDRESS	rederat (	enth,	\
-				Mark Walder	ATPK	the second
23	D. BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	LE THE ZOLLA	23d. LOCATION (CI	Dome	rant Ma
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			Sb. REGISTRAR'S SI	
L	* (mes Chris	loseller	DATE 0	CT 2 0 '60	arthur S	traus

the function director, s ofter depth. Pag≡ 4 TO HOSPITATION ATTENDING PHYSICIAN: The law Equires that the death certificate Le executed within 24 the may be the hospital or oftending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the State Board at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A15 (4)

i.



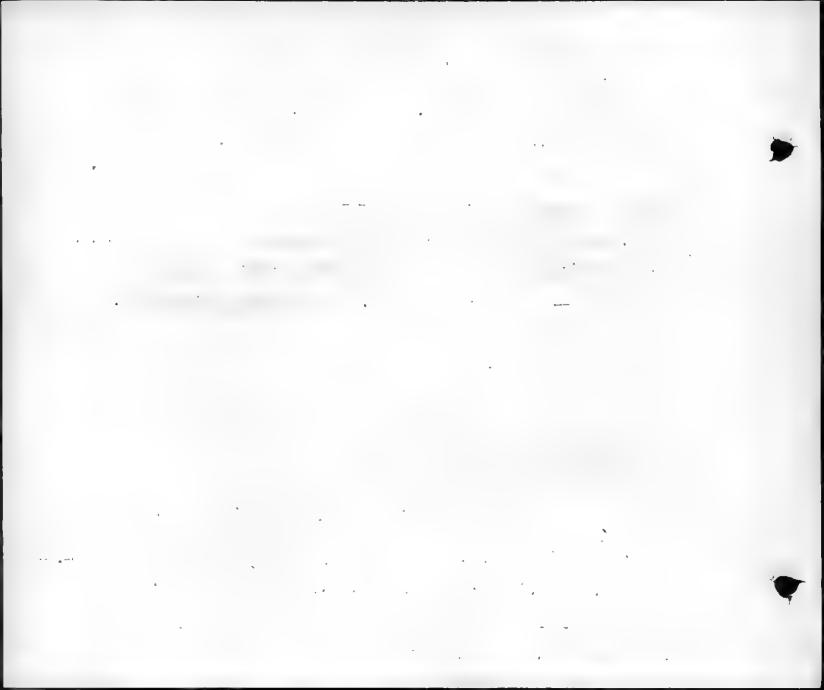
**BALTIMORE 1. MARYLAND** Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S ERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yad, If institution: Residence before edmission) I director. Page or your files. a. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Worcester b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your write RURAL and give nearest town! Girdletree Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO State Peninsula General Hospital 4. DATE DECEASED the could be executed within 24 hours after death. If in pencil in flem 18. Give Pages 1, 2, and 3 to 14. Office along with form PM3. Page 5 may be reburial-transit pepulit. File pages 1 and 2 with the noval, and in Any event within 72 hours after d (Type or print) DEATH 19 10-22-60 Connor 4. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Hours WIDOWED [ 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MEDICAL EXAMINER: This certificate should be executed within U.S. ARMED FORCES? (Yes, no, or unkown) (.fyesgive werordelesofsary'ce 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] MERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sentic abortion Days IMMEDIATE CAUSE (a) DUF TO removal, Conditions, if any, which "pending" geve risa to ammediate causa Examiner's 40 **DUE TO** (a), sleting the underlying 50 causa last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? ecute the certificate, writing the word should be should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be its destanated agent, prior to burial, creme NO crem 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. T.ME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Homa, farm, 201. (City or lown) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. al work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Manquiry and in my opinion agent, death resulted from, Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE 10-22-60 Royer, DEPUTY MEDICAL EXAMINER XI EXAMINER'S NAME (Typa) Attacks (Street, city, town, or county) 226\_BUR AL. CREMATION (Stote) REMOVAL (Specify) 240 p 24e. REC'D BY VS. AISME 6 '60 arthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



norman 4. Baker

C	ATE OF DEATH	1		Reg. Dist		13	
-	2. USUAL RESIDENCE (Who or STATE	ere decease	d lived. If institution	in: Residenc	e befo		ran)
ND .	Marylar	xd	b. COUNTY	Vicomi	co		
Ъ	c. CITY OR TOWN (If o	utside carpa	rate limits, write RL	JRAL and g	ve ne	orest tawr	1)
	12 Salisbury	r					
	d. STREET ADDRESS					e IS RES	IDENCE
	217 Newt	on St	• )				FARM?
	Last	4. DATE OF	Mant		Do	~ /	Year
	COOPER	DEATH	10	}	2]	_	1960
	8 DATE OF BIRTH		9. AGE (In years	IF UNDER 1			
3	6-5-1883		(gst.birthday) yrs.	Manths	Days	Haurs	Min.
1DU:	STRY 11 BIRTHPLACE (State	ar fareign c	auntry)	12.CITIZ	ENO	F WHAT C	OUNTRY?
	Marylan	d		13	.S.	Δ.	
	14. MOTHER'S MAIDEN N			1 0	+0.	in b	
	Fanny Wing						
	NFORMANT	,	Addr	A44			
M	r. Richard Coo	per,	Sallsoury	Md.			
-	_				INT	ERVAL BE	TWEEN
10	lie				12	ura	- 1
	2 4						
21	Colon						
77	7.27.24						
BUT	NOT RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a)	19. WAS	AJTOPSY
					, ,	PERFO	RMED?
1 D D F	D. (Enter nature of injury in I	Part Lac Par	d II of item 181			153	
AKKL	D. (Emer notale of milety in t	gir r di i di	1 11 UI 110111 10 7				
. 01	A CE OF IN HIER THE	Tros se					fm
fa:	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	20f (Cit)	y ar town)	{C	ounty)	)	(State)
		i					
R	/, 19.5 / to	10/2	1/ 19.60	that I las	it sa	w the d	lece a sed
	accurred at4:45A						
			treet, city ar lawn,				E SIGNED
	Soliabu	THE M	moland			10-2	22-60
	M.D. Salisbu	C	le				
is	ion St., Salis	sbury	M'ryland	ì			
	R CREMATORY		TION (City, town, o		- A, - A, A	(Stal	e)
	tery		Lsbury, M		nd	,	
		8Y REGIS		TRAR'S SIG		IRF	
nd		CT 2 4	į.	rilun S.			
	LUAIE LI	See See T	00	J - J	,		





AND RECORDS, 301 W. PRESTON FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution: Residence before edmission) Tay is necessary, funeral director. Page fained for your files. State Board of Health, e. COUNTY a. STATE **b.** COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND Wicomico Marvland E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town! Fruitland

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Fruitland d. STREET ADDRESS . IS RESIDENCE ON A FARM? may be retained 2 with the State E Fruitland Md YES I NO V death. unid be meaned within 24 hours after death. If a in pencil in Item 18. Give Pages 1, 2, and 3 to the 10ffice along with form PM3. Page 5 may be reta ourial-transit permit. File pages 1 and 2 with the 5 toval, and in entragent within 72 hours after distorative deaths. DECEASED OF (Type or print) DEATH 19 Dashields 10-19-60 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest 1 thday) Months Hours VIDOWED [ DIVORCED Sentember 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siete or foreign co 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired Labor Lary Tand

14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME Joshua Dashiel Office along with form burial-transit permit, File moval, and in eny year 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no. or unkown) | (Ifyes a vewer or dates of service) 18. CRUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH Acute congestive heart Hours IMMEDIATE CAUSE (e) DUE TO Hypertensive cardio-vascular disease Years geve rise to immediate couse Examiner's 60 DUE TO (a), sleting the undarlying 35 causa lasi. be used cremation, PART II. OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D. SEASE CONDITION G. YEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cute the certificate, writing the word Sease exercing in control of the Chief Medical Should be forwarded to the Chief Medical Strong FUNERAL DIRECTOR. Page 3 should be in American agent, prior to buriel, crema NO 20e. EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURED, (Entar natura of Injury in Part I or Part II of item 18.) PRIMARY I OF CONTRIBUTING I CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or lown) (County) (State) While Not While factory, street, office bldg., atc.) et work at work Inspection K 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes K Suicide Homicide Accident Undetermined manner CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER 1000 SIGNATURE DEPUTY MEDICAL EXAMINER . please exet 4 should be O FUNER EXAMINER'S NAME (Typa) 228. BURIAL, CREMATION, 22b. DATE THEREOF Roye Candenisma via low Sagura burry DE REMOVAL (Specify) Burial 24m. REC'D BY REGIS REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR OCT 2 6 VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

11976

	MARYLAND STATE DEPARTMENT OF HEALTH  1200 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH					
PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst o. STATE b. COUL			

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (WI		If institution Residen COUNTY	ce befare admissio	in}
	Wicomico	MARYLAND	1	land	Wic	omico	
b. CITY OR TOWN (If RURAL and give no	autside carporate limits, write prest tawn) > lisbury	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF	Sbury	its, write RURAL and s	give nearest town)	
	AL (If not in hospital, give stree	1 address)	d. STREET ADDRESS	STAT A		e. IS RESID	DENCE
OR INSTITUTION	Pen Gen Hosp	ital	504	Truitt S	St	YES T	
3. NAME OF DECEASED (Type or print)	LOIS	VIRGINIA	DYKES	4. DATE OF DEATH	OCTORER		960
5. SEX	6. COLOR OR RACE 7 MA	RRIED 🖾 NEVER MARRIED 🔲	8 DATE OF BIRTH	9. AGE		1 YEAR IF UNDER	
Female	White wipov	WED DIVORCED	June 30,19	01 59		Days Haurs	Min.
during most of work	N (Give kind of work done 10) ing life even if retired) Devotor-Shi	s. kind of business or indu .rt Factory	Vicomico			IT S A	UNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
Leoland	Whayland		Lula B.B	oston			
	IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17]	rion W. Salisb	Dykes(Hu urv.Marv		4 Truit	t <b>S</b>
Canditions, if or gove rise to in couse (a), stoling thing couse last.  Part II OTH	he under-	Reds of The A	Hens Chr.	INAL DISEASE COND	E.	PERFOR	MED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Doy, Year 20d Whi	t.	ED. (Enter noture of injury in LACE OF INJURY (Home, form octory, street, office bldg , etc.)	n, 20f. (City or taw		YES County)	(Stote)
saw the deceas 22a SIGNATURE 22c PHYSICIAN'S NAME (Type)	ed alive an 10	ded the deceased fram. 25 19 60 and that Fisher Jr.	death accurred at 00	ED STAI RECTOR PHY	ouses and an the	28/11	abave. DATE SIGNED
23a BJRIAL, CREMAT O REMOVAL (Specify)	1 Oct. 29,196	23% NAME OF CEMETERY OF WICOMICO M	or crematory	23d LOCATION (C	ily, town, or county) sbury , Ma	(Stote	)
24. FUNERAL DIRECTOR'S		ADDRESS	25a REC	D BY REGISTRAR	256 REGISTRAR'S S		
HUILCHAY S	& CCHPANY	SALISBURY MA	RYLAND DATE O	CT 31 '60	Chilling &	. Thousa	

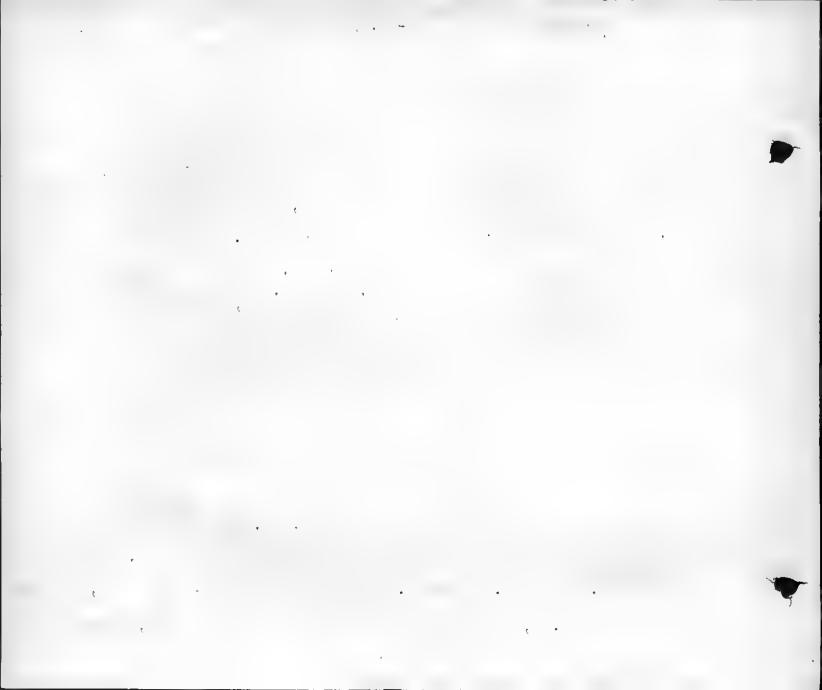
and 2 should be filed with after death Page 4 may be the folder of the haspital at attending physician.

TO FUNERAL VIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial transit permit. Then please remaye carban papers. Pages 1 of the State Baard of Health priar ta burial, cremation, at removal, and in any event, within 72 hours after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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TO HOSP VR A15 (4) 1SM 9/S9



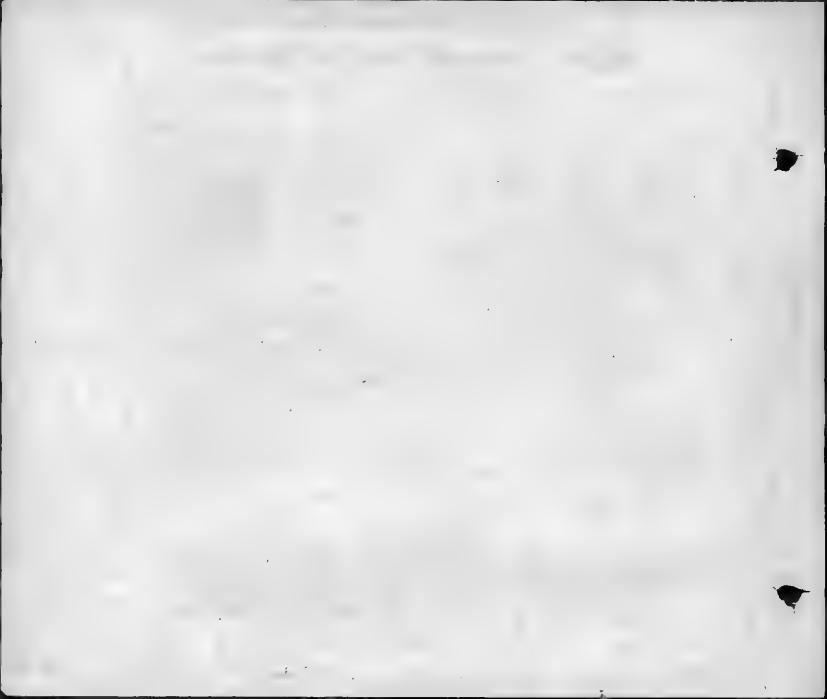
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12038

### CERTIFICATE OF DEATH

11977

ath. After this copy of this death. Reg. Dist. No..... #ird after 2. USUAL RESIDENCE (HOME) OF DECEASED I. PLACE OF DEATH • Wicomico Md. Wicomico COUNTY hours a COUNTY MARYLAND STATE 72 hours director, (If outside corporate limits, write RURAL (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (in this place) OR end give nearest town TOWN Mardels Mardela TOWN HOSPITAL OR (If rurel give location) STR EE7 ridge INSTITUTION OR ADDRESS 200 within funeral STREET ADDRESS Bri 0 DATE (Month) 3. NAME OF (Middle) (Lost) (Day) (Year) by the f DESCRIPTION OF THE PERSON NAMED IN COLUMN 1 (Type or Print) James Ware Eversman Jr. DEATH Oct 60 6. COLOR OR SINGLE, MARRIED, B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Devs Hours August (Spediff) OWED 28 Y13. £ .5 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT fi killed y done during most of working life, even if retired) Farmer (Retired OR INDUSTRY COUNTRY? wd. None filed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME > completel James W. Eversaan sr. Eliza Lloyd certificate has been executed by the attending physician and comple the hospital or attending physician, 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unk.) (NYes, give wer or datas of service) 215-38-1884 James F. By ', " n. larlel INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH the attending physician se detached for use as a IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH eq. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES | NO | death certificate assembly should 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) (County) (Stata) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 216, HOW DID INJURY OCCUR? While Not while el work et work 22. I hereby certify that I attended the deceased from I Life 19.5.7, to ach 20., 19. on, that I last saw the deceased 19.60 and that death occurred at Ly 201M, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, state) he bottom M.D. M.D. MAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF 1-6-60 A15C REMOVAL (SPECIFY) Buris Emanuel Church deficientery, 25. FUNERAD DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS NOV 3 Cottag S. Kinus Home DATE



Cothur & Frank

DATE OCT 2 4 '60

1.4	1001	CERTIFICA	IE OF DEATH		44000
PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institutions  b. COUNTY	Residence before admission) Wicomico
b. CITY OR TOWN (I RURAL and give no	ff outside corporate limits, write corest town) Salisbury	c. LENGTH OF STAY IN 16	Y	utside corporate limits, write RURA Sbury (Rural)	
d NAME OF HOSPIT OR INSTITUTION	Pen Gen Host	oddress)	d. STREET ADDRESS	# 1 (Union Rd	B IS RESIDENCE ON A FARM? YES X NO
NAME OF DECEASED (Type or print)	RUTH	Middle FLORENCE	FARLOW FARLOW	4. DATE Month OF DEATH OCTOBE	
Female	White widow	ED DIVORCED	June 8,189	lost hirthday) M	UNDER 1 YEAR IF UNDER 24 HRS. Conths Days Hours Min
Oa, USUAL OCCUPATION during most of world House W	ON (Give kind of wark done 10b king life, even if retired)  ORK at Home	None	Wicomic	o Co.Maryland	12 CITIZEN OF WHAT COUNTRY?
	Pancoast Toac		Margare	t Esther Brow	n
	R IN U. S. ARMED FORCES? (If yes give wor or dates of service,		Jay G. Farlo Salisbur	ow(Husband) R	.D.# 1(Union I
Canditians, if a gave rise to i cause (o), stating lying couse lost.  PART II. OTI	mmediate the under- (c)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	I IN PART I(o) 19. WAS AJTOPSY PERFORMED? YES NO 17
200 ACCIDENT WAS OR CONTRIBUTING	AS UNDERLYING (1) 206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Part I or Part II of item 18.)	
20c. TIME OF INJUF Hour a. m. p. m.	N/A 19 at war	Not while fa	ACE OF INJURY (Home, form ictory, street, office bldg., etc.	20f (City or town) N/A	(County) (State)
saw the decea	at (1) (this haspital) attended		death accurred at 1		an the date stated abave.
22c. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	Pluly a o	-	22d ADDRESS	RECTOR L PHYS L ()	ct. 2/1960
REMOYAL (Specify	ON, 236 DATE THEREOF	Insley  23: NAME OF CEMETERY C	Main St.  DR CREMATORY  Cemetery	23d LOCATION (City, town, or o	county) (Stote)
BUT18 4 FUNERAL DIRECTOR		Parsons (		Salisbury, M D BY REGISTRAR   256 REGISTR	PAR'S SIGNATURE

SALISBURY MARYLAND

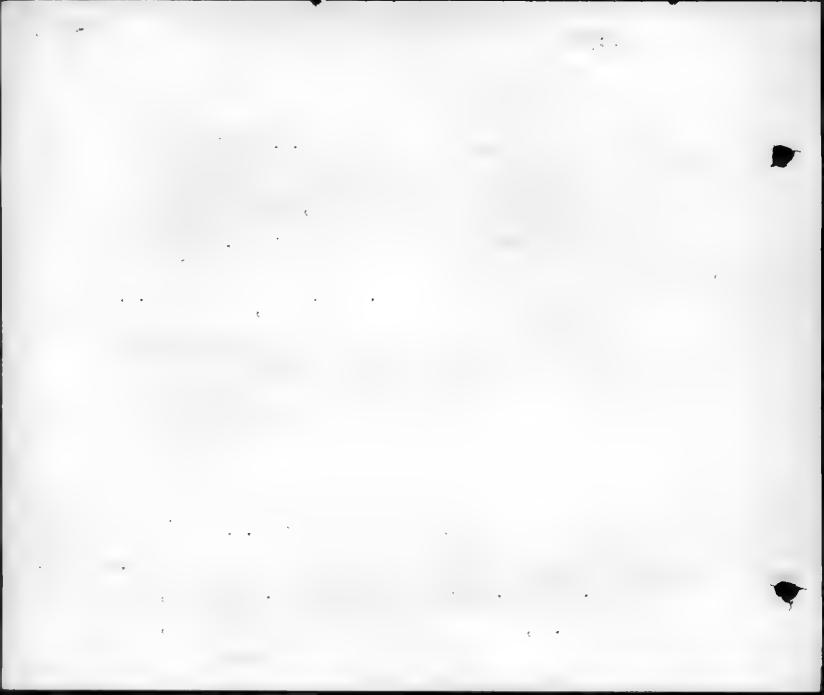
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled—by the funeral-director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be stacked far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be stacked the prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to TO HOSE VR A15 (4) 15M 9/59

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HOLLOWAY & COMPANY

s after death. Page 4

6 13



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11979

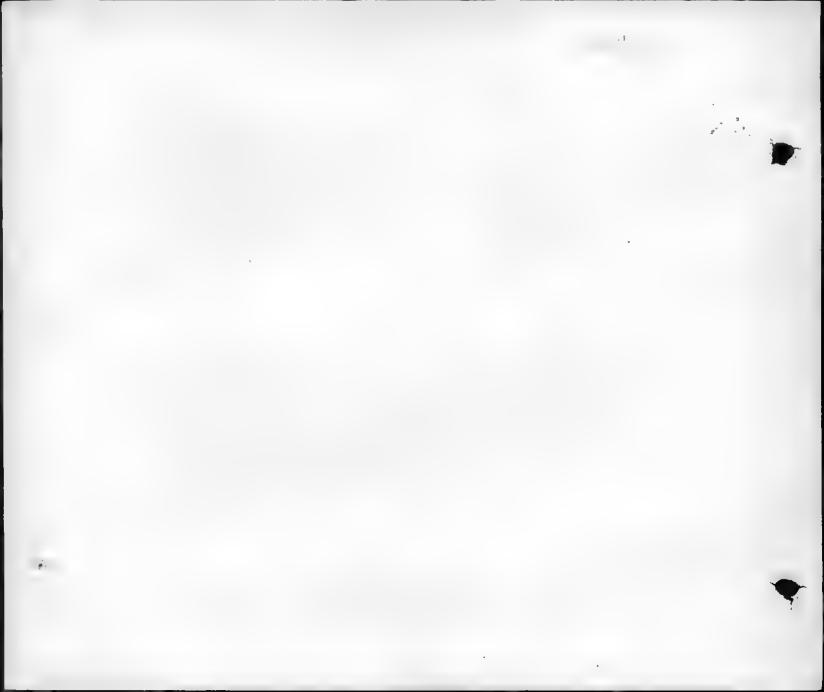
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CUU/-	CERTITI	AIL OI DIAIII			
1, PLACE OF DEATH		2. USUAL RESIDENCE (Wh			idence before admission)
6. COUNTY WICOMIC	e) MARYLA	O STATE DOLP U	1,19/C+ b.	COUNTY S	4csex 1
b. CITY OR TOWN (If outside carporate		16 c. CITY OR TOWN (If a	outside carporate limit	s, write RURAL o	and give nearest tawn)
RURAL and give nearest town)		5-2 4	BYJIL	P	Del.
d. NAME OF HOSPITAL (If not in hospit	al, give street address)	d. STREET ADDRESS		1	e. IS RESIDENCE
OR INSTITUTION Peninsul	A General Hosi	CITAL		16 ×	ON A FARM? YES NO []
3. NAME OF DECEASED	First Middle	Last	4. DATE OF	Month	Day Year
	RMAN	HAI	DEATH	10	6 1960
S SEX 6. COLOR OR RA	CE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IFUN irthday) Mont	DER TYEAR IF UNDER 24 HRS
male white	WIDOWED DIVORCED [	JAPRIL8 -1		yes Mont	hs Days Hours Min.
10a USUAL OCCUPATION (Give kind of w during most of warking life, even if re	ork dane 10b KIND OF BUSINESS OR I	NDUSTRY 11 BIRTHPLACE (Stole	ar fareign cauntry)	12.	CITIZEN OF WHAT COUNTRY
BUILDING	CONTRACTOR	DARIA	WAR.		4,517.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	,	
TREDRICK	HALL	ELLA	TRU	177	···
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) [ (If yes, give war or date		7 INFORMANT		Address	C
	222-01-7148	Mus. MACCU	LIEN A	ALL.	DELBYVILL
18 CAUSE OF DEATH [Enter only or	e cause per line far (a), (b), and (c)	0	<b>(</b> )	1	INTERVAL BETWEEN
IART I. DEATH WAS CAUSED IMMEDIATE CAUSED	BY. Cerebral	Hypoxia an	1(02)	lu toxice	رادوام
527 DU	ETO CO A			,	
Conditions, if any, which )	10 O Ustructe	re Emply Se	ma (	200	
gave rise to immediate DU	E TO	0			
lying cause last.	(c) Ocente	Brouchite	7		
PART II OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	INAL DISEASE CONDI	TION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT OF CONTRIBUTING CAUSE OF DE CHIEFE MOTIFY MEDICAL EXAMIN					YES NO
200. ACCIDENT WAS UNDERLYING	206 DESCRIBE HOW INJURY OCC	JRRED. (Enter nature of injury in I	Part I or Part II of ite	m 18.}	
OR CONTRIBUTING   CAUSE OF DE	ATH (ER)				
3 20c TIME OF INJURY Month, Day,	Year 20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Hame, farm		)	(County) (State
20c TIME OF INJURY Month, Day, Hour a.m.	19 of work at work	factory, street, affice bldg., etc	-) [	,	
		10/5 11	60, 10 10	16.	60
	oital) attended the deceased fr		a .	7-9	9, that (1) (we) las
saw the deceased alive an a	, and fi	at death accurred at ZA	/M, fram the ca	uses and an	the date stated above
Fromos	C. Hell In	M.D ATTENDING ME	ED STAF		O/G/G SIGNE
22c PHYSICIAN'S NAME (Type)		22d ADDRESS	Q1. M T	2001	Saleh. 1
		- (ne	ioiu,		7,000
230 BLR AL CREMATION, 23b. DATE THE REMOVAL (Specify)	, (may	RY OR CREMATORY	23d Logation (CI	ty, town, or cour	-Le (Signe)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'	D BY REGISTRAR	256 REGISTRAR"	S SIGNATURE !
( Xtury XI	. Walson H	cooneke no 0	CT 11 '60	Cuthur	& Thank

oletely filled on 2 the funeral director, s after death. Page 4 gted within 24 P Then please remove carbon papers Pages 1. ond in any source. may be the first by the haspital or attending physician.

TO ILNERAL TELECTOR: After this certificate has been signed by the attending pricial and compage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pape the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hays. OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe TO HOSE

VR A15 (4) 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH DWISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

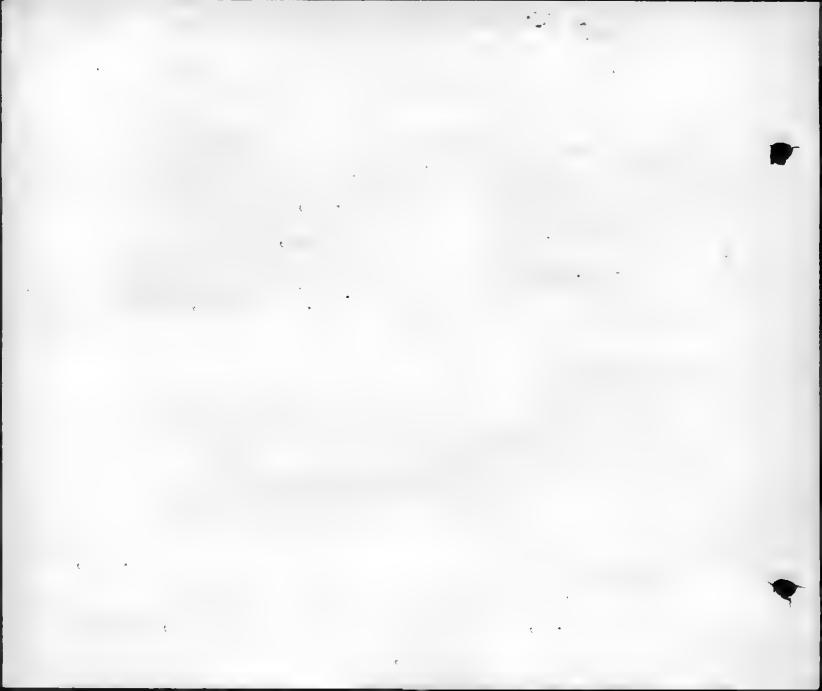
11980

	CERTIFICA	IE OF DEATH
A	1. PLACE OF DEATH O. COUNTY (L' 10 miles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b COUNTY Wicomico
82	b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town)  A. NAME OF HOSPITAL (If not an hospital, give street address)  OR INSTITUTION  CRINES CLAR CONTRACT AL HOSPITAL	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury  d. STREET ADDRESS 625 Liberty St No. Z  No. Z  ON A FARM2 YES NO. Z
,	3. NAME OF First Middle  (Type or print)  JANIE  ELSIE  6 COLOR OR RACE 7 MARRIED NEVER MARRIED	Losi 4. DATE Month Doy Year OF DEATH CONTROL 1960  B DATE OF BIRTH 9 AGE (In years In FUNDER 1 YEAR IF UNDER 24 HR
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House Work at Home None	STRY 11. BIRTHPLACE (State or foreign country)  Mardela, Maryland U.S.A.
)	William H.Brown	Eliza Robinson
		rs.Harold Messick(Daughter) 625 Libet St. Salisbury, Maryland
C	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AJTOPS PERFORMED?
	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH   \frac{1}{2}\	D (Enter nature of injury in Part 1 or Part II of item 1B.)  ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State
7	p. m. N/A 19 at work at work 21. 1 certify that (1) (this haspital) attended the deceased fram	transport of the bldg., etc.) N/A  N/A  N/A  N/A  N/A  N/A  N/A  10/5/19  10/5/10  10/6/10  1
	220 SGNAPURE	M.D. PHYS   MED. STAFF PHYS.   Oct. 9th, 1960
a iz	230 BURIA, CREMAT ON, 236 DATE THEREOF 23c. NAME OF CEMETERY CORMOVAL (Specify) Oct.12, 1960 Parsons	
100	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOJICWAY & COMPANY SALISBURY, ME	RYLAND DATE CCT 1 1 760 OATHUR B. France

pup TO HOSE! THE LITENBUILD ENYSICIAN: Tall low requires that the death certificate be executed within 24 may be a med by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. Then please remove carbon papers. Pages I and in any event, within 19 haurs after death page 3 should be detached for use as the burial-transit permit, the State Board of Health prior to burial, cremation, ar remaval, VR A15 (4) 1SM 9/59

y the funeral directar, 2 shauld be filed with



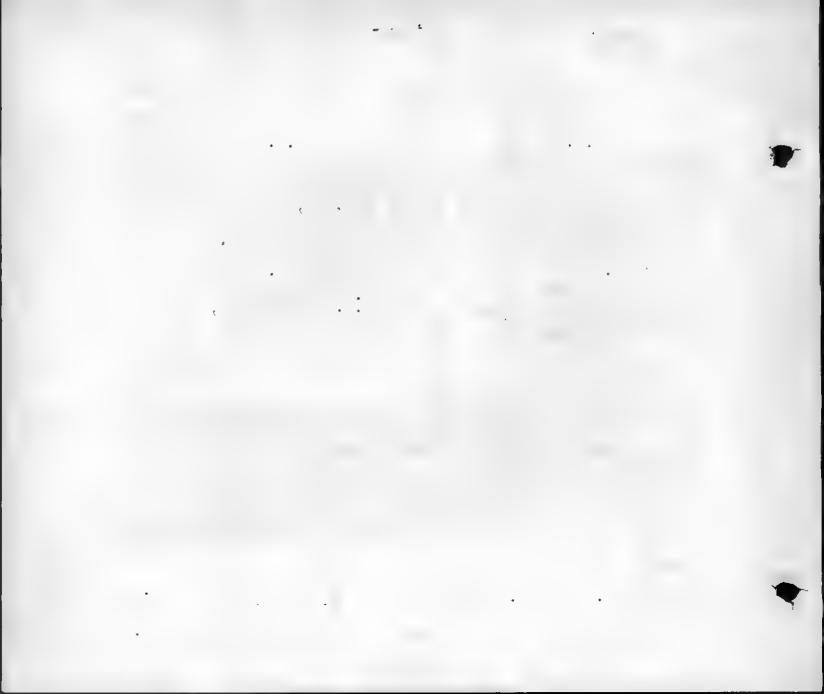
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12020 MEDICAL EXAMINER'S CERTIFICATE OF DEAT	1	2039	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEAT
--	---	------	---------	------------	-------------	----	------

	1	1	y	0	_
Reg.	Dist.	No			

	a. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If it is state Maryland b. CC	institution: Residence before admission)  DUNTY WICOMICO
/	b. CITY OR TOWN (I	Housede corporale limits, with #JRAL  Hebron	c. LENGTH OF STAY IN 16	C CITY OR TOWN (If outside corporate limits.  Hebron	write RURAL and give necrest town)
	d NAME OF HOSPI	R.D.# 1	hospital, give street address)	d STREET ADDRESS R.D.# 1	ON A FARM?  YES NO
	3. NAME OF DECEASED (Type or print)	MINNIE	Middle ELLEN HA	AYMAN ATE OF DEATH OCTOB	Month Day Year ER 16th 1960
	Female		RRIED NEVER MARRIED B	Date of Birth Oct. 18, 1893 9 AGE (In you lost Arthodox)	Months Days Hours Min
\	100. USUAL OCCUPATI during most of worki Fouse W	on (Give kind of work done 109 ng Ife, even if refired) OPK at Home	None	Worcester Co. Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.
AP.	13. FATHER'S NAME James J	. Carter		M. MOTHER'S MAIDEN NAME Sarah E. Dorman	to the second se
	15. WAS DECEASED EV (Yes. no. er unknown) NO	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO 17. IN	Sisareh Wimbrow(Sist R.D.# 1 Hebron.Fd	dress er)
	Conditions, if c gove rise to imme (e), stating the cause lost.	underlying DUE TO	Gurman	And the second s	
	200. EXTERNAL CA PRIMARY OF COUSE OF DEATH.  200. TIME OF INJU Hour B. m.	RY Month, Doy, Yeor 20	d, INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f. (City or town) ry, street, office bidg., etc.)	YES NO (A (County) (Stole)
	21. I certify to opinion death	hat I took charge of the	e remains described above couses . Accident [	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	N, Inquiry N, and in my determined manner DATE SIGNED
		DN. 7276. DATE THEREOF	22c. NAME OF CEMETERY OR O Mt Zion Cer ADDRESS	metery Worceste	r Co.Maryland
1				ZIAND DATE OCT 1 9 '60	Circling S. Kraug



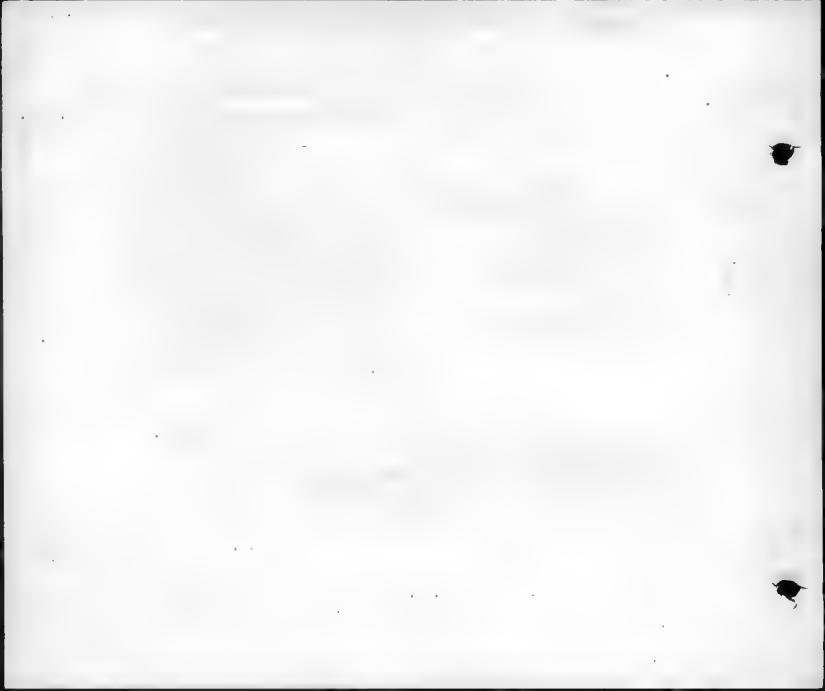
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12004

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CENTIFICATE OF DEATH	
	1mG27 CERTIFICATE OF DEATH	
22.1		
4.3	100/// 10 10=14=00 Pb	

o. COUNTY			MARYLA		d. STATE		b. COUNTY	on. Residence	Defora oc	imission)
	Wicomico				Mary			Morces		
RURAL ond give no Salisi	oury		c. LENGTH OF STAY IN  1 day		c. CITY OR TOWN (III Pocomoke ()	Labor (		URAL ond gi	Poke	e. Fla.
NOITUTITZNI NO	AL (If not in hospitol, ( HEAD STAT		· ·		d. STREET ADDRESS		23	14	~ 0	RESIDENCE N A FARM?
3. NAME OF	Fig.		Middle		Last	4. DATE	Mor	N.	Doy	Yeor
DECEASED (Type or print)	TOT		Middle		HENERY	OF DEATH		Q	11	1960
5 SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.0	ATE OF BIRTH		9 AGE (In years last birthday)	-		NDER 24 HRS.
M	Negro	WIDOWE	D 7?DIVORCED		? Appr	ox.	2 75 yrs.	MONINS 1.	>ays Ha	ues Min
100 USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. I	KIND OF BUSINESS OR	INDUSTRY			ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
Labor		'			Flori	da(?)				
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	Unknow	770					Unknov	771		
15 WAS DECEASED EVE			SOCIAL SECURITY NO	17, INFO	RMANT		Add			
(Yes, no, or unknown)	If yes, give war or dates of :	ervice;								
Tro Carrer or or	est for .	- 17					<del></del>		1 IN ITERNA	1 BETWEEN
	TH [thier only one to		e for (o), (b), and (c).]				6.			AND DEATH
225	IMMEDIATE CAUSE (	) Ce	rebral thro	nbosi	.5				15	mos.
332	DUE TO									
Conditions, if o	Conditions, if ony, which ) (b) Arteriosclerosis, general ?									
gove rise to in	nmediote (									
lying couse lost.	me under-									
	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. W	AS AUTOPSY
PART II, OTH									PE	RFORMED?
20g ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b DESC	tic cardiova RIBE HOW INJURY OCC	URRED (	ar olsease Inter noture of injury i	in Part Lor Po	npensated		1 ,6.	, C) MO M
	MEDICAL EXAMINER)									
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye	ar 20d. IN While of work	Not while	De. PLACE foctory	OF INJURY (Home, for , street, office bldg., e	irm, 20f (Cit	y or town)	(Co	ounty)	(Stote)
	t (1) (this hospita		ed the deceased fr	om	10-10	1960 to	20-33	. 19 60	), that (	(I) (we) lost
	ed olive on 1		19_60, and the							
220. SIGNATURE	ed Olive Oil			ioi ded	7.		ille cooses di	iu on me	dole sid	22h DATE
	Velue	ruy	au.	M.D	, PHYS.	O a.m. MED DIRECTOR	STAFF PHYS 🔽			10-11-
22c PHYSICIAN'S NAME (Type)	('				22d. ADDRESS	Deer's	Head Sta	ate Hos	spita	1.
	V.	Juer	man, M. D.				ury_Md_			
REMOVAL (Specify)	N, 236 DATE THERE	GOV	DE NAME OF CEMET	RYORC	remaiory ( dec	123d LOCA	TION (City, town,		Mad	(State)
24 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	1	25a RE	C'D RY REGIS		STRAR'S SIG	NATURE	5
Duc to	me So	Wing	1 0/11	4	DATE	OCT 1 3 '6	50	ung L. 1	Krank	



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in

TO HOSE

VR A15 (4) 15M 9/59

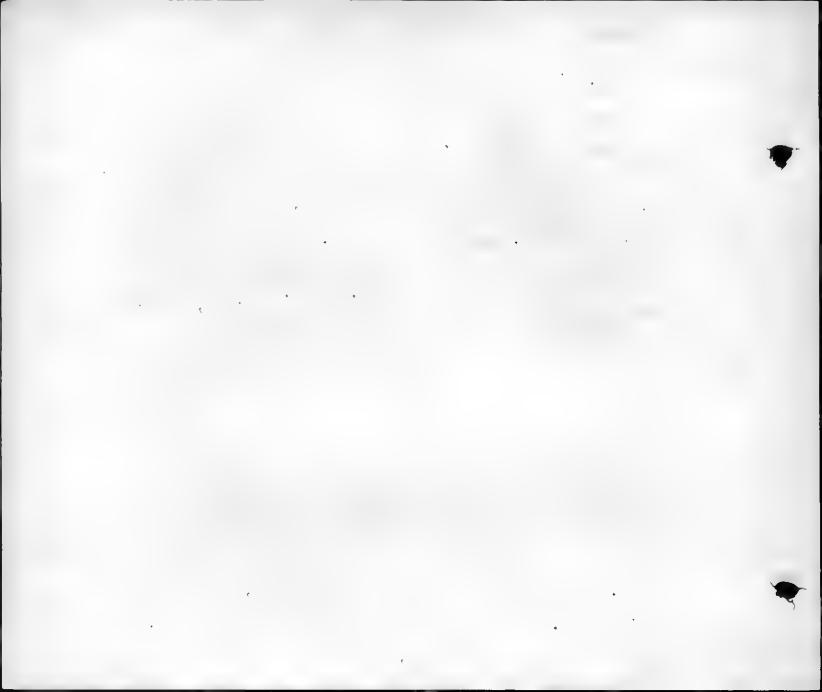
rs after death. Page 4

12005

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11983

1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE  Maryland b. COUNTY wicchico
b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	
30/15/64/19	Salisbury
OR INSTITUTION  OR INSTITUTION  OCCUPANTION   d. street address  Loblolly Lane  's residence on a farm? yes \( \) no \( \)	
3 NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) ED /ARD SILAS	Sippensteel DEATH October 8 1960
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  DIVORCED	STORTE OF BIRTH  9 AGE (In years   IF JNDER 1 YEAR IF UNDER 24 HRS   Get birthdoy)  Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Retired-Gardner & Landscoper	Po. (Cumberland County) USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
William Hippensteæl	Sarah Commerer
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (18 yes give wor or dates of service)	re. Ella M. Toadvine (Doughter) Loblolly Lane Salisbury, Maryland
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o) UCC MOSA	my carna says
TO H DUE TO	11. 1 = 1
Conditions, if any, which ) (b) Con govern	& Hart Failure ?
gave rise to immediate DUE TO	
lying couse lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Part II of item 18.)
206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 120f, (City or town) (County) (State) ctory, street, office bldg , etc.)
Hour o. m. N/A 19 While Not while of work	N/A
21 I certify that (I) (this haspital) attended the deceased fram	
saw the deceased alive an OC 1960, and that a	death accurred at from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED STAFF M.D PHYS X DIRECTOR PHYS T
22c PHYSICIAN'S	M.D PHYS A DIRECTOR PHYS 1
NAME Type: Robert T/Adkins	Fruitland, Maryland
230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY C	DR CREMATORY 23d LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Oct.11/1960 Glenwood	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MA	RYLAND DATE OCT 11 60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) eral director. Page ed for your files. te Board of Health, a. COUNTY MARYLAND Wicomico Wicomico Maryland Wicomico

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 for your f write RURAL and giva nearest town) Salisbury Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? may be retained 2 with the State YES NO Old Water St. Old Water 4. DATE Month Year DECEASED OF (Typa or print) DEATH 10-8-60 Holloway Elmer 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Unknown 10e USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Waiter Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown Office along with form burial-transit permit. File WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INPORMANT Address o, or unkown), (If yes give war or datas of service) None B. CAUSE OF DEATH Ithiar only one cause per line for (a), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Hemorrhage from gasto-intestinal tract Days DUE TO Hypertensice\_cardio-vascular\_disease Yeara gava risa to Immadiate causa **DUE TO** (a), stelling the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION G VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? cute the certificate, writing the word NO X 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of Idem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR. Page 3 | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm : 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my op nion death resulted from: Natural causes 3. Accident Súicide Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINERS THEREOF ROYER AND DECEMETERY OR CREMATORY 22d. LOCATION (CITY, 10WH, or country) NAME (Type) 22a. BURIAL, CREMATION. REMOVAL (Sessify) 40 6 Bevins Fruitland Md. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 7/59

AARYLAND STATE DEPARTMENT OF HEALTH



s after death. Page 4

### 12007

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11985

1. PLACE OF DEATH	* * * *				o. STATE	1	_	lived. If institution b. COUNTY			ion)
	Wicomico		MARYI	LAND	Ma	ryl	and	1	<i>licemi</i>	Leo	
b CITY OR TOWN () RURAL and give no	f outside corporate limit arest town)	is, write	c. LENGTH OF STAY	N 1b	c CITY OR TO	WN (If o	utside corpor	ate limits, write RUF	RAL ond give	nearest lown	}
	Salisbury				13 Sa	lis	bury	•			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET AD	DRESS	_	.*		e. IS RESI	DENCE FARM?
OK 1143111011014	221 Newto	n St	Ū.		27	NIS	ewton	St <sup>.</sup>			NO 🗍
3. NAME OF DECEASED	Fig	si <sup>†</sup>	Middle		Lost		4. DATE OF	Month		Day Y	/eor
(Type or print)	GEOR	GE	WASHING	TON	HOPKIN	IS	DEATH	OCTOBE	R 18	3th 1	9 60
5. SEX	6 COLOR OR RACE	7. MARR	RIED NEVER MARRIE	~ 🗀	ATE OF BIRTH				FUNDER 1 YE		
Male	White	WIDOWI	ED DIVORCE	S	ept.3,	187	4	last birthdoy) 7	Months Day	s Hours	Min
100 USUAL OCCUPATION	N (Give kind of work o	lone 10b.	KIND OF BUSINESS OF					untry)	12 CITIZEN	OF WHAT C	OUNTRY?
Cabinet M	ing`life, even if retired) വിഗസ		rnature		Mt. Ve	mo	n.Mar	yland	US	S A	
13. FATHER'S NAME	JIN OI	1 21	21 Halviare	1.	. MOTHER'S A			V			
Alfred	Steven Ho	okir	าธ	1	Esther	n Pm	iscel	la Jacks	son		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 INFO	MANT	ТО	uhnon	Hopkins	4 ( W. + + +	1227	Mor
NO or unknown)	(If yes, give war or dates of se	22	20-32-0699	7 111.5	ton St	, TO	Soli	sbury M	rylar	nd all	Nev
18. CAUSE OF DEA	TH [Enter only one co	use per M	e for (a): (b), and (c).				1	P		NTERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	11	TEAS	Pla	ste	- 4	Lon	+ / Tu	and the same	NSET AND	DEATH
4.	DUE TO	· /			-			7			
12	V . U	1	1.1.4								
Conditions, if a	mmediate	1	runn								
couse (o), stoting	the under-		U								
lying couse lost.	) (c		CONTRIBUTING TO DEA	THE BUILT NAME	T DELATED TO 1	LIETEDIA	NIAL DICEASE	CONDITION CIVE	NA INC DA DT 3/o	VIO WAS A	AUTOPSY
PART II OTH	HER SIGNIFICANT CON	DILIONS	CONTRIBUTING TO DEA	UH BUI NO	I KELATED FO	HETEKMI	INAL DISCASE	CONDITION GIVE	VIN PARI I(O	PERFO	RMED?
200 ACCIDENT WA	S UNDERLYING []	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter noture of	iniury in	Port I or Port	II of item 18 }		100	
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		N/A								
3 20c TIME OF INJUR	Y Month, Doy, Yes	ar 20d II	NJÙRY OCCURRED		OF INJURY (H			or town)	(Coun	ity)	(Stote
20c TIME OF INJUR Hour o.m.	N/A 19	While of wor	Not while	factory	, street, office I	bldg., etc	.)]	N/A	4		
	ut (I) (this hospital		ded the deceased	from /	955	12	ta/	ret. 181	40	that (I) (	wal lar
	sed alive an	711	7 .19.60 and				7 4 5	the causes and			
22g SIG NATURE	1 1 1	- <del>1 - 1 - 1</del>	/- /-	mor dear	1 0.001100	MT and Dis	,700, 71 0111	ine causes and	1	221	b. DATE
(May	mitch	U		M D	ATTENDING PHYS	X M	ED RECTOR	STAFF DO	et.	1/2	SIGNET 960
22c PHYSICIAN'S					22d. ADDRES	S					
NAME (Type)	Dr. Andrew	C.N	"itchhll_		Maryl	and	Ave.	Salish	oury, N	aryl	and
23g BURIAL, CREMATIC	N, 23b, DATE THEREC	)F	23c NAME OF CEMI	TERY OR CI	REMATORY		23d. LOCAT	ON (City, town, or		(Stot	
REMOVAL (Specify)	Oct.20.	1960	Wicomico	) Mem	prial	Par		alisbury		rland	
24 FUNERAL DIRECTOR		7	ADDRESS				D BY REGIST		RAR'S SIGNA		
HOLLOWAY	& COMPANY		SALTSBURY	MARY	T.AND	DATEOC	T 2 4 '60	anth	un S. th	Aus	

may be the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has Been signed by the attending physician and completely filled to the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be firled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAM: Tile law majorim that the diath certificate be executed within 24 lb.

TO HOSA



RURAL and give nearest town

Wicomico

Salisbury

d. NAME OF HOSPITAL (If not in haspital, give street address)

6. COLOR OR RACE

White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

Gen Hospital

First

WIDOWED [

ADDISON

b. CITY OR TOWN (If outside corporate limits, write

during most of working life, even if retired)
Retired Capenter

Hiram H. Howard

PLACE OF DEATH

OR INSTITUTION

o. COUNTY

NAME OF

S. SEX

DECEASED

(Type or print)

Male

13. FATHER'S NAME

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

Middle

DIVORCED |

7. MARRIED . NEVER MARRIED

10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country)

Construction

o. STATE

d STREET ADDRESS

HOWARD

14. MOTHER'S MAIDEN NAME

B. DATE OF BIRTH

17. INFORMANT

Jan.6.

11986

Wicomico

Day

0 th 19

S

Days

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

e. IS RESIDENCE ON A FARM?

YES 🔲 NO 📆

Year

2, USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9 AGE (In years

lost birthday)

Church

4. DATE

Hebron, Maryland

Mary H. Taylor

DEATH

Marvland

Hebron

West

b. COUNTY

Month

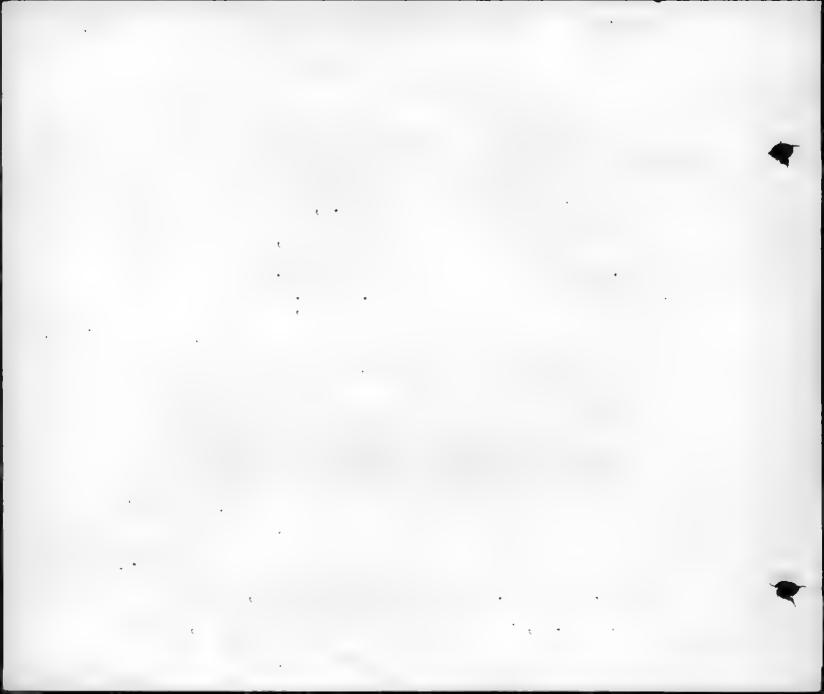
October

Months

with director, filed era 28 shauld pup npletely filled efs. Pages 1 c With W physici remave aftending please ģ permit. certificate has been signed be so the burial-transit permit. Б certificate Afler detached Health FUNERAL DIRECTOR: 8 Boord should ന page the Str 0

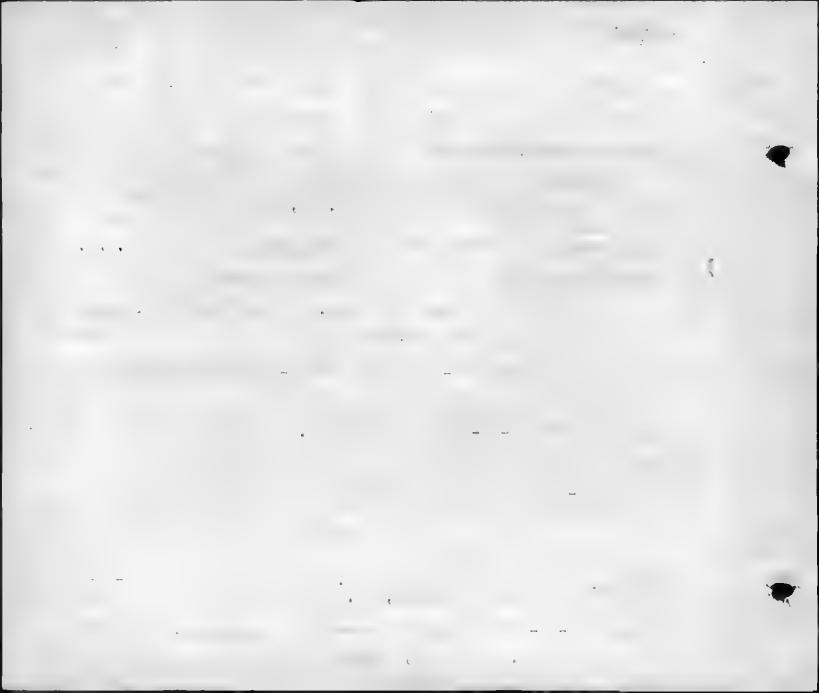
VR A15 (4) ISM 9/59

C. Howard (Wife) West Church St Unk Hebron Maryland INTERVAL BETWEEN CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18 ) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month Day. Year (County) (Stote) factory, street, office bldg., etc.) While Not while ot work ot work that (I) (we) last 21 I certify that (I) (this haspital) attended the Ideceased fram. and that death occurred al NE Ne deceased alive an M, fram the causes and an the date stated above 22a 226 DATE SIGNED ATTENDING STAFF Oct DIRECTOR -22d ADDRESS 29c PHYSICIAN' NAME (Type Saunders <u>Nanticoke. Maryland</u> Richard 23a BURIAL, CREMATION. 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) (State) REMOVAL (Spec fy) Hebron Cemetery 1960 Hebron.Marvland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 80 COMPANY SALISBURY MARYTAND 1 3 '60



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY eral director, Page Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN of outs de corporate imits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest town) 3 write RURAL and give nearest town? Sal isbury Salisburv d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO State Hospital Peninsual General 4. DATE Month Year DECEASED and 3 to the 2 with the OF (Type or print) DEATH 19 60 JOSEPHUS 10 hould be executed within 24 hours after death 3 kg in pencil in Item 18. Give Pages 1, 2, and 3 kg office along with form PM3. Page 5 may b a burial-transit permit, File pages 1 and 2 with a burial-transit permit, File pages 1 and 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR, 18 Sirthday) 25,1875 White Hours Male Feb. WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or fore on country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Truck Farmer Own Farm 14. MOTHER'S MAIDEN NAME Alphews Humphreys
was decrased ever in u.s. armed forcis? 16. social security no. 17. Informant Augusta Evans Address [Yes, no, or unkown) | (Ifyesgivewarordatesofservice) Office along with it buriel-transit permit amoval, and in any e Miss. Augusta Humphreys. No. Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c), INTERVAL BETWEEN Days PART I DEATH WAS CAUSED BY: Coronary insufficiency IMMEDIATE CAUSE (a) DUE TO removal. (b) Arterio-selerotic cardio-vasular Disease Years "pending" gave rise to immediata cause 40 DUE TO (a), stating the underlying Se cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 + 19, WAS AUTOPSY CERTIFICATION PERFORMED? cute the certificate, writing the word at home 10-18-60 Fractured Hip. NO should 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | Page 3 short to builial, CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 172De, PLACE OF INJURY (Home, farm, ; 20f. (City or town) (Stata) Home streat, office bldg., etc.) please execute the certificate, wr 4 should be forwarded to the C 1 FUNERAL DEFUTION Pag its designation 10-18 ,60 While Not While X at work 21. I certify that I took charge of the remains described above, held an Autopsy 1 Inspection Inquiry 😓 and in my opinion Accident 🛣 Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Camden Ave . DEPUTY MEDICAL EXAMINER X .07 Royer Salisbury, Md Add Address (Street, city, Iown, or county) 22a, BURIAL, CREMATION I 22b, DATE THEREOF DE 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 교수의 10-28-60 Buria] 24a, REC'D BY REGISTRAN 23. FUNERAL DIRECTOR VS. A15ME Hill & Johnson Co. Salisbury, Maryland DATENOV 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

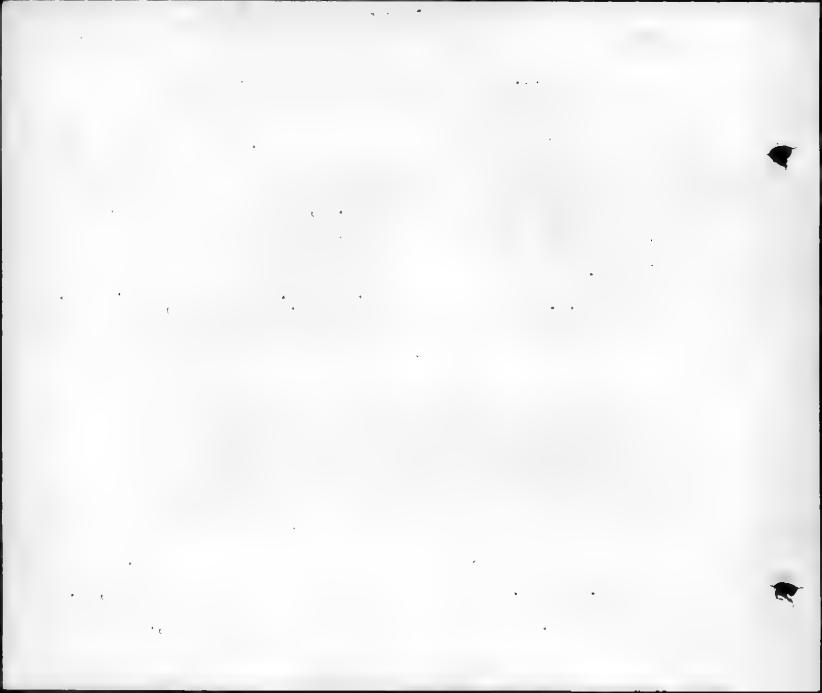


12010

VR A15 (≡) 15M ≡/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH Vicomico MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Pen Gen Hospital	d street address  1226 N. Division St  128 N. Division St
3. NAME OF DECEASED (Type or print) GEORGE FRANKLIN	JACKSON  4. DATE Month Day Year OF DEATH OCTOBER 24th 19 60
5. SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   White   WIDOWED   10 OVORCED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Ost birthdoy)   Months   Days   Haurs   Min    Aug. 27, 1900   60   yrs   1   27
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  Carpenter - Construction  13. FATHER'S NAME  William J. Jackson	USTRY N. BIRTHPLACE (State or foreign country)  West Virginia  14. MOTHER'S MAIDEN NAME  Anna Siple
16 MAC DECEASED EVER IN H. C. ARMED EDUCES TO COCIAL SECURITY NO. 117 I	INFORMANT TS.Frude E.Arbogast(Sister)1226 N.Div. 1s1on St. Salisbury, Maryland
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gave rise to immediate cause (a), stating the under-lying cause lost.  (c)	Entery Myombosis 2 deign
CATIC	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ED. (Enter noture of injury in Port 1 or Port 11 of item 18)
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f (City or town) (County) (State of A A A A A A A A A A A A A A A A A A
21 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 177 24 19 (a) and that 220 SIGNATURE  22c. PHYSICIAN'S NAME (Type) DOVID G. Gilmore	death occurred at 30 M, from the causes and on the date stated above  M. ATTENDING MED DIRECTOR STAFF Oct. 25 /1960  22d. ADDRESS  Medical Center Solisbury, Md.
230 BUR AL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OF REMOVAL SPECIFIC 1 OCT. 26/60 Parsons	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOTLOWAY & COMPANY SALISBURY MA	RYTAND DATEOCT 2 6 '60 Calling S. Hama

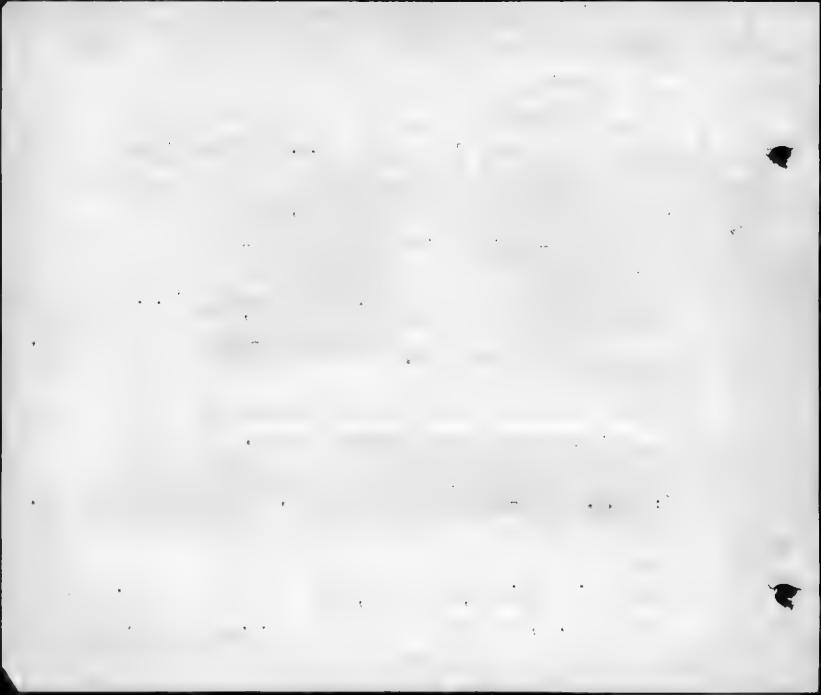


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF REALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. if institution: Residence before admission) or your files. a. COUNTY a. STATE b. COUNTY Wicomico Wicomico MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Salisbury Salisbury (Rural) Board ( d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tai, give street address) d. STREET ADDRESS W. IS RESIDENCE ON A FARM? State Pen Gen Hospitad Shad Point YES NO TA 2, and 3 to the to 3. NAME OF Middle DATE DECEASED OF the 15th 1960 (Type or print) DEATH OCTOBER GILBERT LEROY JONES with 5. SEX B. DATE OF BIRTH 6. COLOR OR RACE! 9, AGE (In years ; IF UNDER 1 YEAR 7. MARRIED IX NEVER MARRIED may last birthday) executed within 24 hours after defail in Item 18. Give Pages 1, 2, and long with form PM3. Page 5 ma ansit permit, file pages 1 and 2 very event within 23 hours Male June WIDOWED [ DIVORCED [ 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Owner & Operator-Service Station Shad Point-MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levin Leroy Jones Tallie Belle Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT (Yes, no. or unkown) (If yes a vewar or dates of service) Mrs. Ema Lou Jones (Wife) H. Office along with buriel-transit permi Unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: 18 pue Fractured skull with intra-cranial hrs IMMEDIATE CAUSE (e) in pencil hemorrhage. DUE TO removal, MEDICAL EXAMINER: This certificate should (b) gave rise to immediate cause "pending" Examiner's 60 DUE TO (e), stating the underlying 80 ច cause last pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 cute the certificate, writing the word Fell from Ladder while working on church.

20e. EXTENNAL CAUSE WAS
PRIMARY OF OF CONTRIBUTING 

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Port For Per should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) burial, CAUSE OF DEATH. CAL 20c. TIME OF INJURY Morth, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Not While fectory, street, office bldg., etc.) Church Bldg. Salisbury Wicomico Md. 10 1913 - GOork at work ( prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry IA and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicida Homicide | CHIEF MEDICAL EXAMINER [ designated AUDITOR. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE L. Royer DEPUTY MEDICAL EXAMINER X EXAMINER'S Oct. 20 NAME (Type) AVE Salisbury Adadress (Street, city, town, or county)
| 22c. NAME OF CEMETERY OF CREMATORY | 22d. LOCATION (C Camden\_ 22d, LOCATION (City, town, or country) 220. BURIAL, CREMATION, 226 DATE THEREOF DE REMOVAL (Specify) R.D.# Solisbury, Maryland Oct. 18.1960 Shad Point Cemetery O 0 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. Chilmy S. Hrace A15ME OCT 2 4 '60 SALISBURY MARYLAND DATE HOILOWAY & COMPANY 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



# 12012 ond 2 should be filed with TO HOST OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 from may be and by the hospital or altending physician. TO FUNERAL DIRECTOR: After this cert ficate has been signed by the ottending prician and completely filted in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I on the State Board of Health prior to burial, cremation, or removal, and in any event, within Tahaurs after death.

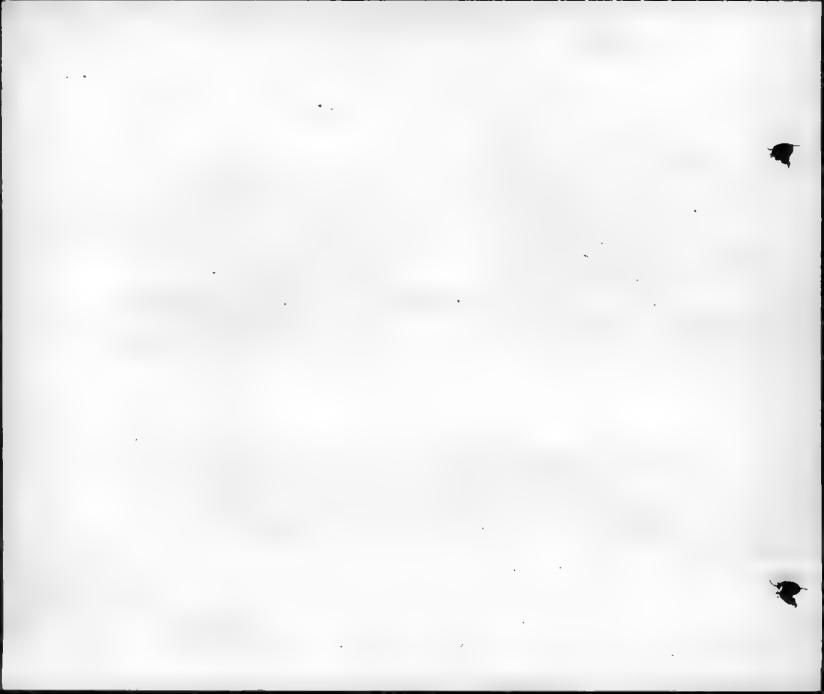
Le constitue de la constitue d

VR A15 (4) 1SM 9/59

s after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH  G. COUNTY  O. COUNTY  O. ST.  MARYLAND  2. USUA  G. ST.	AL RESIDENCE (Where deceased lived, If institution: Residence before admission) ATE  b. COUNTY  OMESSION
		TY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
	d NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION LEW IN SULFA GENERAL HOSPITAL	FREED ADDRESS  e. IS RESIDENCE ON A FARM? YES NO 12
	3. NAME OF DECEASED (Type or print) RAXMOND HER	Sev A. DATE OF Month Day Year Sev DEATH Cotober 26, 1966
	S. SEX  6. COLOR OF RACE  7. MARRIED NEVER MARRIED  8 DATE OF  MIDOWED DIVORCED  SEX	PERITH  9. AGE (in years let UNDER I YEAR IF UNDER 24 HRS last birthday)  17. 3, 406  9. AGE (in years let UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 44. 1  A DOTE	Planten Sta, Son C 4:5, H.
1	Henry Kersey	THE Y LOS ZYI -
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN (If yes, give wor or doles of service) 2/3-10-7/32 Jenn 1	$\nu$ $\nu$ $\tau$ $\tau$
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)    PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	armany Throubsens ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	ATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
- 1		nature of injury in Part I or Part II of item 18.)
		NJURY (Home, form, 20f, (City ar tawn) (County) (State) et, affice bldg., etc.)
	21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an, and that death as	curred at OFM, from the causes and an the date stated above
	M.D. PHY	
	22c PHYSICIAN'S CARRIE. HEAVEN 22d	226 H. America & aleshighed
	230 BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATE THE PROPERTY OF CREMATE THE PR	Marionsta, Som, C. MI
	24 FUDIERAL DIRECTOR'S SIGNATURE ADDRESS HAM	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE



After this by of this

with the registrar within 72 hours afferdeath, Miled in by the funeral director, the third con

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed certificate has been executed by the attending physician and completely all death certificate assembly should be detached for use as a burial transment

20

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12040

### CEDTICICATE OF DEATH

									St. 140.	*** *** *** **		
1. PLACE OF DEATH				2. USUA	RESIDE	NCE (HO	ME) OF	DECEAS	ED			
COUNTY Vicomico		MARYL	AND	STATE	Id.		COUN	TY	Vicon	aico		
CITY (If outside corporate limits, wro	ta RURAL	LENGTH OF	FSTAY	CITY (		porate limits,						
OR and give nearest town) TOWN HEDION		(in this pl	lace) /ears	OR	Hel	oron						
HOSPITAL OR		1 0		# STREET			III rura	I give locatio	n)			
INSTITUTION OR 313 Ch	urch St.			ADDRES	32	23 Chi	urch	St.				
3. NAME OF (First) DECEASED THE TREE		(Middle)		(Lest)			ATE (	Month)	(Dey)	(Year)		
(Type or Prini) Will	ard Towi	s *now	vles			i	EATH	Oct	8	195 (		
S. SEX   6. COLOR OR	7. SINGLE, MARRI	IED,	8. DATE 0	OF BIRTH		9. AGE la	st birthday	IF UN	DER 1 YEAR	IF UNDER 2		
IV1 RACE	WIDOWED, DIV	oved	Anri	12,1	873	87		rs, Month	Deys	Hours		
10s. USUAL OCCUPATION (Give kind of	<u></u>	ND OF BUSINESS		11. BIRTHPLACE				121	12. CITIZ	EN OF WHA		
done during most of working life, ex	van if OR	INDUSTRY			_				ÇQU	NTRY?		
Out begin	1/1	one			d •				Ų.	S.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME								
James Knowles				Nancy Kobinson								
15. WAS DECEASED EVER IN U. S. ARM		S. SOCIAL SECU	URITY NO.	17. INFORMANT & ADDRESS								
(Yes, no, or unk.) (If Yes, give wer or d	letas of sarvice)	None	)	E.,	rs. V	7iole:	t i d	]]s.	Hebr	on, .		
720 IMMEDIATE CAUSE	(A) (0 -2:	( C)	151 (15)	101								
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) CO	na 4	lethe	w. Sec	icur	عنى				- Cy-601		
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### FOR STATE HEALTH DEPT.

23. FUNERAL DIRECTOR'S SIGNATURE

Hill & Johnson Co. Salsibury, Maryland

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11992

12041	ME	DICAL EXA	MINEK	S CERTIFICA	IE OF	DEATH	Reg. Dist. N	No.
1. PLACE OF DEATH a. COUNTY WI.CO.	mico		MARYLAND	2. USUAL RESIDENCE (  o. STATE MAY)	Where decess 7land	ed lived. If institu b. COUNT		
b. CITY OR TOWN (11 du ord give negres) town) Shad	rhide corporale limits, we te <b>Peint</b>	EJENGTH  1 H:	OF STAY IN 16	Salis	if outside corp sbury	porate limits, write	RURAL and g ve	nearest town)
d. NAME OF HOSPITAL Rt #	-	nat in hospital, give st	reet address)	d. STREET ADDRESS Rt #	1			e. IS RESIDENT ON A FARA YES NO
3. NAME OF DECEASED (Type or print)	IRMA		Middle NCHE LEX	CATES Lost	4. DATE OF DEATH	Mont 10	h Do	19 60
5. SEX Female	White	7. MARRIED NEVE		Dot. 14,1960		9. AGE (in years lost birthday) 59 yrs	IF UNDER TYEA	-
10a. USUAL OCCUPATION during most of working House Wife	life, even if retired)	Own Hor		TRY 11. BIRTHPLACE (Store		ountry)	12. CITIZEN	OF WHAT COUNT
13. FATHER'S NAME  Edward Lee	Cantwell			Laura Vir		Bounds		
5. WAS DECEASED EVER	IN U. S. ARMED FOR			r. Marion I.	Lecate	Address Same		The State of the S
PART I, DEATH	WAS CAUSED BY MMEDIATE CAUSE (o)  DUE TO  which [b]	e per fine for (o), (b), c	owning				Of	VERVAL BETWEEN VSET AND DEATH
PART II. OTHER	R SIGNIFICANT CONE	HTIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	VEN IN PART T(0)	19, WAS AUTOPS PERFORMEDS YES NO
	E WAS RIBUTING []	T	ry occurred. (	Enler noture of injury in Po	ort I ar Fort II	of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. INJURY OCC White Not at work of work	relia foot	CE OF INJURY (Home, for lory, street, office bldg., etc.) and on Rt#1	6)	or town)	(County) Wicom	ico, Md
		of the remains d		M.D CHIEF MEDICAL E	Hamicide		Inquiry [	, and in e
EXAMINER'S NAME (Type) Dr	Philip A	Insley		DEPUTY MEDICAL		_	10-3-19	60
220. BURIAL, CREMATION REMOVAL (Spec by)	An and	F 22c, NAME	OF CEMETERY OR			TON (City, town,		(Stole)

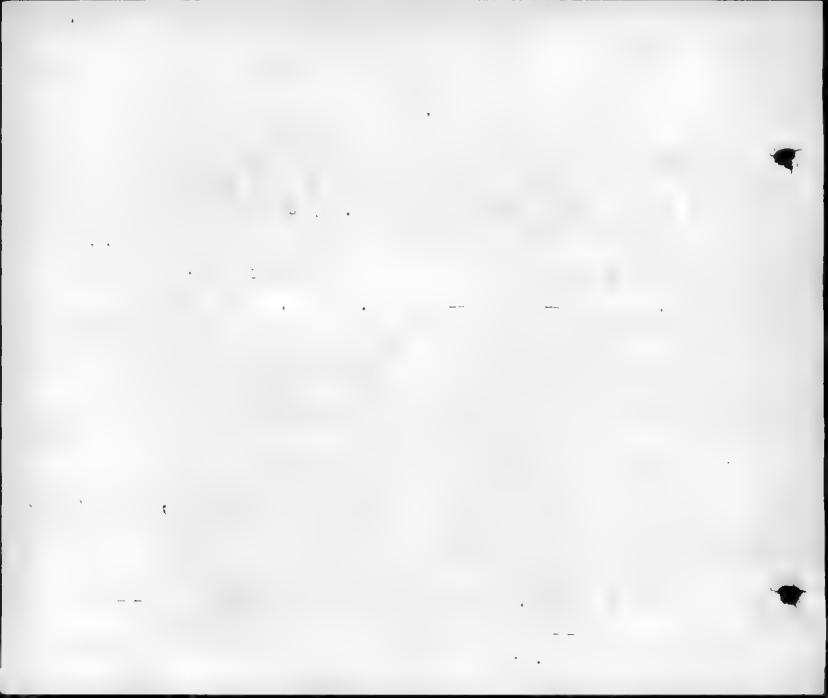
240. REC'D BY REGISTRAR QCT 6 60

DATE

246. REGISTRAR'S SIGNATURE CIRCLING S. Thomas

TO DEPUT. MEDICAL ENAMINER: This certificate should be examited within 24 hours ofter death. If any delty, a necessory please execuse the retificate, writing the word "pending" in pending them. 18. Give Pages 1, 2, and 3 to the Fig. 11 director. Page 4 should be forwarded to the Chief Medical Examiner's Office often PMS. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the State Board of Health, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11993

		- mg,	CENTILICA	IL OI D				
)	1. F	LACE OF DEATH COUNTY WICOMICO	MARYLAND	2. USUAL RES	IDENCE (When	e deceased lived If institu 6. COUN		before admission)
	S	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16 Tweeles	c. CITY OR	TOWN (IF out	side corporate limits write	RURAL ond give	nearest town)
2	1	NAME OF HOSPITAL (If not in baspital, give street OR INSTITUTION CENERAL HO	OSPITAL	d. STREET	ADDRESS		1-1 x	e. IS RESIDENCE ON A FARM? YES NO E
	(	NAME OF PECEASED Type or print) Martha	Middle	LON	~	DEATH 67	onth ober	Day Yeor /3, 19 60
	F	emake White WIDOWN	ED DIVORCED	B. DATE OF BIR	1189	9. AGE (In year last birthday	) Manths Da	ys Hours Min.
	L	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU		MACE (State of	foreign/Country)	12.CITIZEN	S. A.
		W.m. J. Pearc	reon	,				
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	Ville	im 9	2. Long	Seet	Lyvelly D
)		18. CAUSE OF DEATH [Enter only one cause per line part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	f Cen	14 2	Stoy. A		MTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	retastani	U,To.	Joen	e C2		
	7	lying couse lost   DUE TO	Dely drates	1 · ·	Claric "	1 P. I.C.		120 1415 11 2000
	FICATION	Part II OTHER SIGNIFICANT CONDITIONS (					SIVEN IN PART I	PERFORMENT YES NO
	AL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	•				
	MEDICAL	Hour a.m. While	I.	ACE OF INJURY		20f. (City or town)	(Cou	(Stote)
		21. I certify that (I) (this hospital) attends sow the deceased alive on OCTOBER	ded the deceosed from 13, 19,60, and that a		19 ed at 22 - A	A, from the couses		, that (I) ( <del>we)</del> lost late stoted obove.
		22a. S GNATURE 22c. PHYSICIAN'S	mick	M.D ATTENDIN	DIRE	CTOR PHYS	10/13	226. DATE SIGNED
		NAME (Type) WILLIAM S.		SI	alis B	upy MA		00
		BOT A., CREMAT ON 236 DATE THEREOF	Red Mo	R CREMATORY		3d LOCATION (City, town	ille	Del,
	24,	FUNERAL DIRECTOR'S SIGNATURE	Q ADDRESS 0 C	1 71.1	250. REC'D	BY REGISTRAR 256 RE	GISTRAR'S SIGN	ATURE LOMA

s ofter death. Page 4 the attending physician and campletely firled "Kby the funeral director," Then please remove carbon papers. Pages 1 and 2 shauld be filed with OF ATTENDING FILTSICIAN: The lam requires Hat the death certificate be executed within 24,59 may be three DIRECTOR: After this certificate has been signed by the attending physician and campletely firled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, gremation, or removal, and the state Board of Health priar to burial, gremation, or removal, and the state Board of Health priar to burial, gremation, or removal, and the state board of Health priar to burial, gremation, or removal, and the state board of Health priar to burial, gremation, or removal, and the state board of Health priar to burial, gremation, or removal, and the state burial prior to be a second of the state burial to burial.

TO HOSPY VR A1S (4) 15M II/59



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

11994

(State)

(County)

12014 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) b. COUNTY MARYLAND WILDMICO b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) 3AlIS DUICE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION YES NO Genek A/ PninsulA NAME OF 4. DATE Middle Last Month Doy Year DEATH (Type or print) 27 1960 10 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost biettdoy) Manths Male WIDOWED N DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during mapt of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING □

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Not while

Day, Year

While

Hour o. m.

20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) 20c. TIME OF INJURY 20d. INJURY OCCURRED

MEDI of work at work 16 Q that (I) (we) last 21. I certify that (1) (this haspital) aftended the deceased fram.

foctory, street, affice bldg., etc.)

the deceased alive an and that death accurred at 7.4 M, from the causes and an the date stated above. 22b. DATE SIGNED

ATTENDING MED STAFF PHYS DIRECTOR . M.D PHYSICIAN'S 22d. ADDRESS NAME (Type)

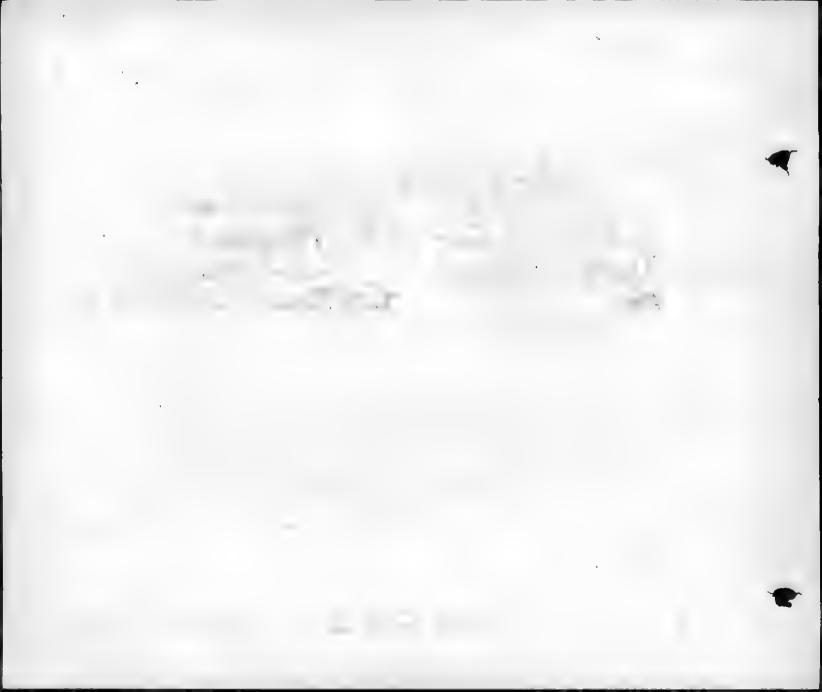
BURIAL CREMATION 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stote) REMOVAL (Specify

24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATE 007 3 1 '60 Clathia P. France

VR A15 (4) 15M 9/59

page 3 sh the State FUNER

the 9



## FOR STATE

HEALTH DEPT.

TO DI IT M. HICAL EXAMINER: This certificate shoul be executed within 24 hours after death. If islay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the kneed director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-heast permit, File pages 1, and 2 with the State Board on Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 7A hours after death.

YS. A15ME 5M 7/59

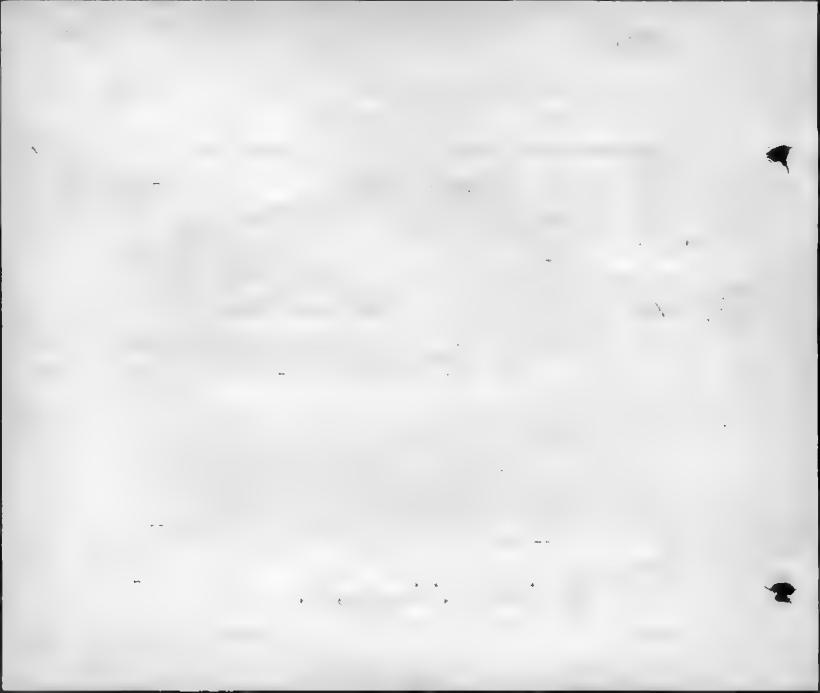
MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYIAND

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)									
Wicomico MARYLAND	*. STATE Maryland b. county Wicomico									
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)									
Salisbury(Rurel)	Salisbury (Rurel)									
d NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?									
R.D.# 1 (Shad Point)	R.D.# 1 (Shad Point) YES NO X									
3. NAME OF First Middle DECEASED	Les' 4 DATE Month Dey Yeer									
(Type or print) WIJLJAM EDWARD	MARSHALL DEATH OCTOBER 18 19 60									
7. TOTALOR TOTALOR	8. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  Sat b rindey)  Mogeths   Days, Hours   Min.									
Male   White   widowed   March 4,1877   83 yrs   7 14, "										
done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
Retired Farmer   Farming	Rural-Salisbury, Md USA									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Matthais T. Marshall  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	Esther Hopkins									
[Yes, np, or unkown] [If yes g've weror detes of service]	Nora M. Jenkins (Daughter) R.D.# 1									
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Salisbury, Maryland INTERVAL BETWEEN									
BART I DEATH WAS CALISED BY A . A	ONSET AND DEATH ,									
	OCCLUSION SUDDEN									
DUETO	VEARS									
Conditions, if any, which gave rise to immediate cause (b) ASCUD										
(a), stelling the underlying DUE TO										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED.	PERFORMED?									
200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In Pert I or Pert II of Item 18.)									
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.										
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e, PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)									
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour a.m., While Not While et work et work et work										
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection X, Inquiry X, and in my opinion									
death resulted from: Matural causes Accident . Suid	cide . Homicide . Undetermined manner									
CHIEF MEDICAL EXAMINER										
ACTUAL SIGNATURE	M,D ASSISTANT MEDICAL EXAMINER DATE SIGNED									
A STATE OF THE STA	DEPUTY MEDICAL EXAMINER									
NAME (Type) Dr. Rapl L. Rover-407 Camde										
REMOVAL (Spacify)										
Burial Oct.21,1960 Shad Point 23. FUNERAL DIRECTOR ADDRESS	Cemetery   R.D. #Salisbury, Maryland									
	The second second second									
HOTIOWAY & COMPANY SALISBURY MARY	TLAND DATE OCT 24'60 Contra 2 / Water									



BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL BESIDENCE (Where decresed lived, If institution: Residence before admission) director, Page or your files. a. COUNTY a. STATE **b.** COUNTY Testa, Wicomico MARYLAND Maryland Wiconico ... CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete I mits, write RURAL and give nearast lown] **%**... d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g ve street address) Allen d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital Allen Road 4. DATE DECEASED OF (Type or print) DEATH Henderson 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 1 B. DATE OF BIRTH 19. AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS last birthdey) Months I Ноиль Min. WIDOWED F DIVORCED 10a. JSUAL OCCUPATION (Give kind of work TIDE KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if sptired) pages | within 13. AATHER'S NAME in pencil in Item 18. Give WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give we rordeles of servica) Office along with burial-transit perm 15. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Rupture of dissecting aneurysm of ascending Hours\_ IMMEDIATE CAUSE (a) aorta with cardiac tamponade Arterio-sclerotic cardio-vascular disease Years gava risa lo immadiale causa DUE TO (a), stating the underlying cause last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat NO NO plnous 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE Royer, DEPUTY MEDICAL EXAMINER 10-27-60 EXAMINER'S NAME (Type) Ave 22a. BURIAL, CREMATION, 228. DATE THEREO 22d, LOCATION (City, lown, or country) (Stata) ¯ ♥O A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



**CERTIFICATE OF DEATH** 

	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)							
	o. COUNTY	MARY	MARYLAND		o. STATE Maryland b. COUNTY								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If autside corporate limits, write RURAL o					JRAL ond giv	re nearest !	own)
		alisbury				Salisbury							
	d NAME OF HOSPITAL (If not in hospital), give street odd OR INSTITUTION Springhill Private San			ei oddress) Sanitarium		d. STREET ADDRESS							RESIDENCE N A FARM?
						76:	ion	St		YES NO			
1	B. NAME OF DECEASED	First		Middle		Last 4. DATE OF			Month			Doy Year	
	(Type or print)	ELLA				Mc ALL	ISTER	DEATH	0	ct.	. 1	6th	19 60
:	5. SEX	6. COLOR OR RACE 7 MARR		RIED NEVER MARRIED		DATE OF BIRTH			lost birthdoy) Months f			YEAR IF UNDER 24 HRS	
L	Female	W	WIDOWE	D DIVORCE		July 6,1874		74	86 угз. 73			10 10015 MIN	
T	IOa. USUAL OCCUPATIO during most of worki	N (Give kind of work ing life, even if retired	R INDUS		ACE (State o						AT COUNTRY?		
	House		Home	e None		Nant:	lcoke	(Wice	o.Co	) Md.	1	U SX	A
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME							
	James Webster						beth	Bosi	nan				
ī	(Yes, no, or unknown)   (I	IN U.S. ARMED FOR		SOCIAL SECURITY NO	· IA IN	FORMANT	rd (De	lla)I	E.Th	Addr	h Da	ught	er)
	No					ine Bli	aff R	d. S	Sali	sbur	ry Ma	<u>rÿl~ı</u>	<u>ad</u>
	IB. CAUSE OF DEAT	TH [Enter only one co	use per lir	ne far, (a), (b), and (c).	]	~77	,	/				INTERVAL	L BETWEEN ND DEATH
	PART I. DEAT	TH WAS CAUSED BY:	)	Carmi	2-2-	1 Tes	ンジフェナブ	WE c	7			Je	uthere
DUE TO										P	*	er.	~
	Conditions, if an		1	Jucker	1200	4.01	21	With in	EN -5	ribe 2	12-05	1	2,000
1	gove rise to in couse (a), slating t					E)							
	lying cause last. (c)												
	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDIT	ION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY REORMED?
YES  200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER)												YES	□ NO ☑
	20c. TIME OF INJURY Hour a. m.	Month, Day, Ye	-	NJURY OCCURRED	20e PLA	CE OF INJURY	Home, farm	20f. (City	or tawn)		(Ca	unty)	(Stote)
	☐ Hour a.m.	19	While at wor	k ot wark	100	ory, arrear, orne	e piog., eic.,	-					
1	21   certify that	t (1) (this hospitol	) oftend	led the deceosed	from		19-	162.50	1/10	16	196	at that t	l) (we) last
			· .	19 4c. 4 and			9:15	M. from	/				ted above.
	220 SIGNATURE	A 4 M	1	,				,					226 DATE
	1	1.69 260	Je.	stean.	A	LD. PHYS		ECTOR [	STAFF PHYS		ot 1	6	/1 960
	ZZc. PHYS/CIAN'S	100		. 8		22d. ADDR					-		
	NAME (Type)	Philip A.	Ins	ley		Main	St.	Sa]	lisb	ary,	Mary	land	
-	23a BURIAL, CREMATION	N. 236 DATE THEREC	)F	23c. NAME OF CEM				23d, LOCA			, , , , , , , , , , , , , , , , , , ,	,	State)
Burial Oct. 19. 1960 Wicomico Memorial Park								S:	alis	bur	y, Ma	ryla	nd
:		4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS						BY REGIST			TRAR'S SIGN		
1	& YAWOLIOF	COMPANY	S.	ALISBURY	MAR	YLAND	DATE OC	1 1 9 '8	U	-	Sur & 1	Challet	

TO HOSPE. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 Parts after death. Page 4 may be made by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled, by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, cremation, or remaval, and in any eventuality 72 haurs after death. VR A15 (4) 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	- 2	- 11	J	$\cap$

		1201:	CERTIFICA	IE OF DEATH		11000
		PLACE OF DEATH S. COUNTY Wicomic O	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. If institution: Reb. COUNTY	esidence before admission)
	ŧ	SOLIS DUTY	c. LENGTH OF STAY IN 16	C FITY OR JOWN (IF	outside corporate limits, write RURAL	and give nearest town)
	0	H. NAME OF HOSPITAL (If not in hospilot, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	(	NAME OF DECEASED Type or print)	tengla	Messick	4. DATE Month Of DEATH October	Day Year 7 19 60
	5 5	o. color of race 7. Marr Male White WIDOWE	7 / -	B DATE OF BIRTH	F	NDER 1 YEAR IF UNDER 24 HRS  offis Days Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b. dwg most of working life, even if retired)	KIND OF BUSINESS OR INDU	er Mary	land	2. CITIZEN OF WHAT COUNTRY?
		FATHERS NAME	sick	14. MOTHER'S MAIDEN N	bath J.	mith
	IS. [Yas	WAS DECEASED EVER IN 16. 5. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 II	12 MONCE	Luxbush B	ivalo-, Mis.
		1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ne for (a), (b), and (c)]	occ Lusian	,	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which (b) (c)	oronary ai	Herry Dece	are.	loyears
		lying cause last DUE TO	val cell	Carcinonia		75 years
	CATION	Part II. OTHER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN IT	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO C
	L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port ( or Part () of item 18 )	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Haur a m. 19 While p m. 19	NoI while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
		21 1 <b>certify</b> that (I) (this haspital) attends saw the deceased alive an <u>10.7.7</u>			60, to 10 = 7	4 1 1
		220. SIGNATURE Harm M. Williels	recey.	M.D. PHYS DI	ED. STAFF K	226. DATE SIGNED 10-7-(00.
		22c. PHYSICIAN'S NAME (Type) HANS B. WILLE!	'msea	PLAYNE U	14 General H	Hospital.
, 6	230	BURIAL, CREMATION 236, DATE THEREOF, REMOVAL (Specify)	NETIPE () 1)	R CREMATORY	23d LOCATION (City, town, or con	unty) (State)
h.	24	CUNIDIAL PURCEYOU'S SICAIATURE	FADDRECK /	0 8 0 DC- DECL	a by accierate by accierate	D'C CLCALATURE

3 '60

DATE

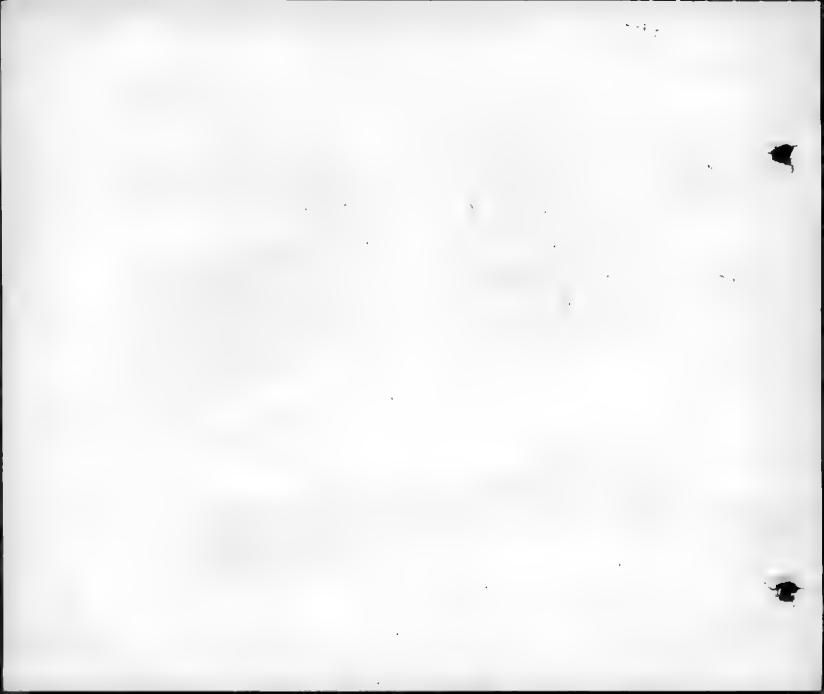
arthur S. Firms

the attending physician and campletely filled in by the funeral director. Then please remaye carbon papers. Poges 1 and 2 should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-16 may be the fined by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board of Health prior to burial, crematian, ar remayal, and in any every within 2 hears ofter dieth TO HOSP

s after death Page 4

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11999

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET, AND DEATH

PERFORMED? YES TO NO TE

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Dovs

ARU

(County)

. IS RESIDENCE ON A FARM?

YES T NO

Year

1960

Reg. Dist. No.

Months

Wicomico



12044

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

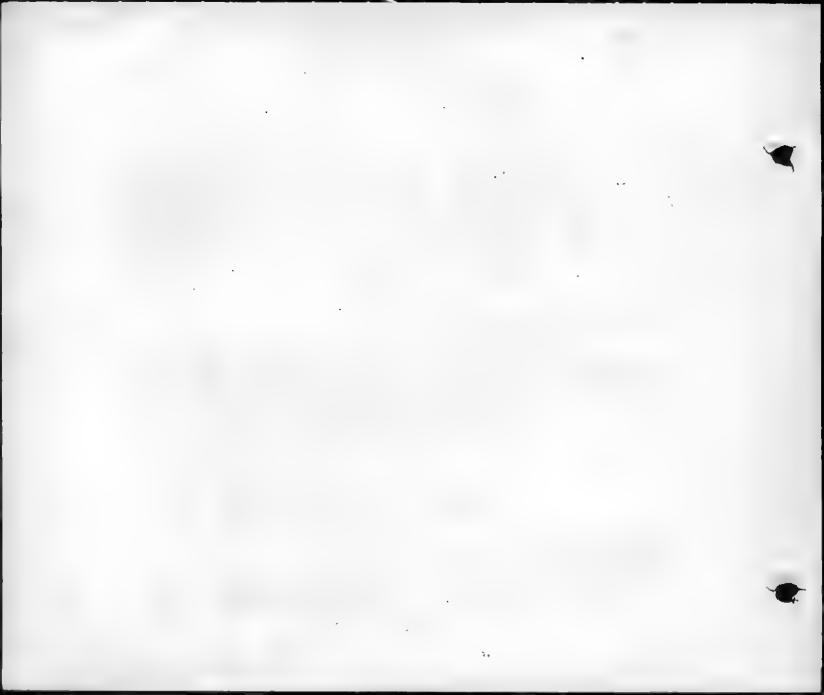
12000

	TAUTT CERTIFICATE OF PEATIT							
IJ.	1. PLACE OF DEATH  O. COUNTY  O. STATE  Axy  Axy  And  b. COUNTY  DICTOMISSION  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission)  b. COUNTY  DICTOMISSION  DICTOMISSIO							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest flown)  CLANTICO  LENGTH OF STAY IN 1b  LENGTH OF STAY IN 1b  LUCANTICO							
X	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)							
	3. NAME OF DECEASED (Type or print) IDA; First MAE Midd of MONROE 4. DATE OF DEATH OCT. 23 1960							
	S. SEX . 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 8 9. AGE (In yeors bighday) Months Doys Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  House WHE Own Home Mary And							
	Levin Brown Hzy Dashiell							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. V. INFORMANT (Ves. no., or unknown) (If yes. give wor or dates of vervice) (Ves. no., or unknown) (If yes. give wor or dates of vervice) (Ves. no., or unknown) (If yes. give wor or dates of vervice) (Ves. no., or unknown) (If yes. give wor or dates of vervice) (Ves. no., or unknown) (Ves. no., or							
	18. CAUSE OF DEATH [Enter only one cause per-time for (a) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Character of the Cause (b), and (c).]  DUE TO  DUE TO  A DEATH SCRIPTION OF THE CAUSE (a) (b), and (c).]							
	Conditions if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b) (1) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO							
	206 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)							
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m.  p. m.  19  20d. INJURY OCCURRED Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  (County) (Stote)							
	21 I certify that (1) (this hospital) attended the deceased fram 19 60 2 3 (Cef., 1960), that (1) (we) last saw the deceased alive an 23 (19 19 19 19 19 19 19 19 19 19 19 19 19 1							
1	220 SIGNATURE STAFF ATTENDING MED. STAFF SIGNED SIGNED							
-	22c. PHYSICIANS NAME (Type) EA. Parnell, MD 652W man Selection, h							
	230. BURIAL CREMATON 236. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) 10/27/60 QUENTICO Cem. 23d. LOCATION (City, Jown or county)							
	21 FORERAL DIRECTOR'S SIGNATURE BURNESS DATE OF 160 ONLINE S. KNOWN							

the attending physician and completely filled in by the funeral director. Then pleam remove carbon papers. Together a lond 2 shauid be filed with 's after death. Page 4 TO HOSPIE. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, may be the bospital or attending physician.

TO FUNERAL DIRECT MAY SHELL After this certificate he been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then plean remove carbon papers. Tage 1 of the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

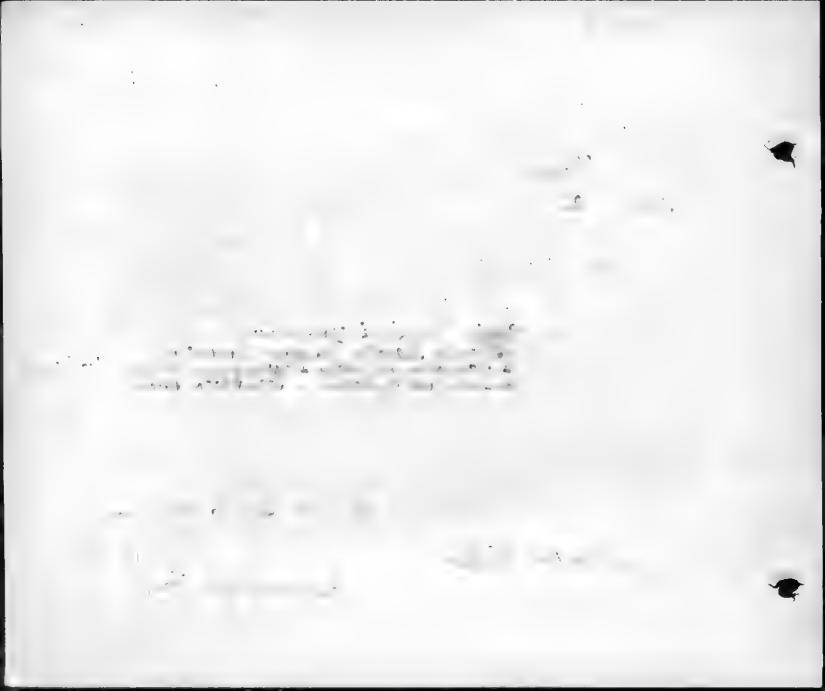
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(1)		CERTIFICATE OF DEATH
	1	PLACE OF DEATH o. COUNTY (U, Comico MARYLAND)  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE  1. Y Jan b. COUNTY  1. Comico
old be f		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)  A 11.5 b. 24
Cy C &		d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  YES NO [
ges I an	L	NAME OF DECEASED (Type or print)  Name OF DEATH  Na
after de		SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 0 9. AGE (In years list bighday) yrs.  WIDOWED Min Divorced Min Manths Days Hours Min
on papers.		a. USJAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State ar foreign country)
ithin X		FATHER'S NAME 14. MOTHER'S MAIDED TO MAN COTTURA 1
event, v		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT AND 17. INFORMANT AND Address of services 18-16-78 85 (1/4) The Social Security NO 17. INFORMANT AND Address of Services 18-16-78 85 (1/4) The Social Security NO 17. INFORMANT AND Address of Services 18-16-78 85 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMANT AND ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMAT ADDRESS OF SERVICES 18-16-80 (1/4) The Social Security NO 17. INFORMAT ADDRESS OF SECUR
en plea d'in any		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
val, one		condition, if by which ) (b) & 15 checker TAC FOSER & Surremusic circus lo day
ar remova	_	gave rise to immediate cause (a), stoting the under lying cause last.  DUE TO PENTORY TWO DECETURE - UCLICENT BONE.
nation,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
the bu	L CERTIF	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
r to bur	MED.CA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  Other Place Of Injury (Home, form 20f. (City or town) (County) (State of work
iched fo		21. I certify that (I) (this haspital) attended the deceased fram. 6 '24', 1960, to 10 - 24', 1960 that (I) (we) to saw the deceased alive an
be deto		220 S GNATURE TRAVELES CLOW M.D ATTENDING MED DIRECTOR DI
shavild is Board		PERUNSULA GEN HOST.
poge 3 sh the State	L	BURIAL, CREMATION, 23b. DATE/THEREOF/ 23-WAME OF CEMETERY OR CREMATORY 23d DOCATION (C by fown, or county)
(d)	24	ADDRESS SIGNATURE 256 REGISTRAR'S SIGNATURE DATE NOV 7 '60

TO HOSE? OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-tows after death Page 4

Symmoty be may be need by the haspital ar attending physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.



12045

's after death. Page 4

OR ATTENDING PHYSICIAN: The law requie that the death certificate be executed within 24%

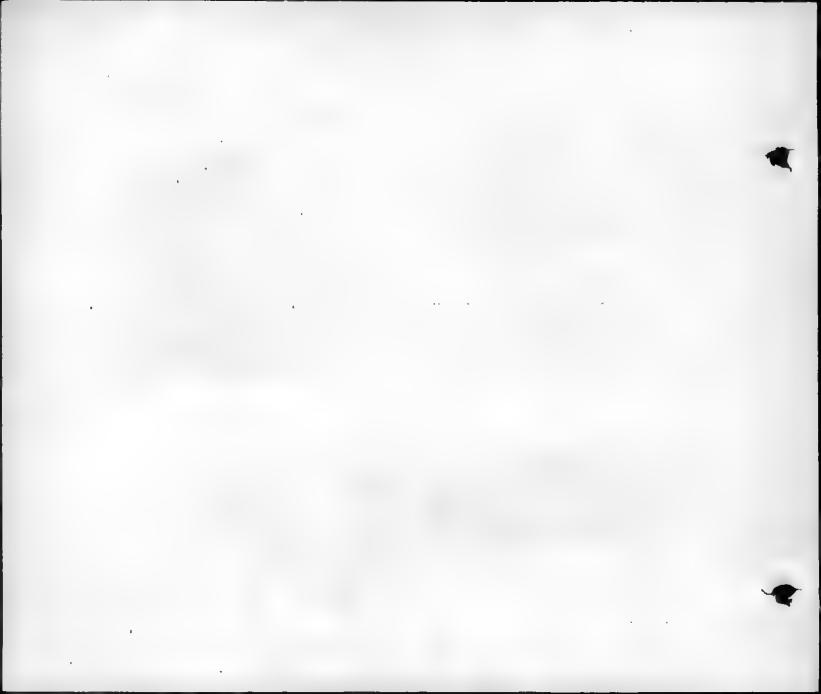
TO HOSP

VR A15 (4) 15M 9/59

		CERTIFICA	TIL OI DE	A111			
1. PLACE OF DEATH	:		2 USUAL RESIDE	NCE (Where decea	sed lived. If instituti		pefore admission)
Wico	omico	MARYLAND	Mary	land	b. COUNTY	10 E 0	omico
b CITY OR TOWN (If outside RURAL and give neares) to	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside cor	porate limits, write R	URAL and give	nearest town)
Delmar		54 yrs	X Del	mar			
d. NAME OF HOSPITAL (IF no OR INSTITUTION	ot in hospitol, give street	oddress)	d STREET ADD	DRESS			e. IS RESIDENCE ON A FARM?
RD #	5		R	D_#_3			YES NO
3. NAME OF DECEASED	First	Middle	tost	4. DATE		ith	Day Year
	on Thomas		liphant	DEAT		17th	19 60 EAR) IF UNDER 24 HR
		RIED NEVER MARRIED	B DATE OF BIRTH		lost birthday)	Months Do	
100 USUAL OCCUPATION (Give	<u></u>		12-26-		54 yrs	12 (17175)	NOF WHAT COUNTR'
during most of working life, Farmer	even if retired)	Farm	Marv		20011171		JSA
13. FATHER'S NAME		1 6.1 11	14. MOTHER'S M				104
Edward Olin	hant.		Ethie	Hastin	70		
15 WAS DECEASED EVER IN U	S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	TIGO CLIE		Iress	
(Yes, no. or unknown)   IIF yes, giv	e war or date, of service)	3	Ethie Ol:	iphant.	Delmar.	Md.	
18. CAUSE OF DEATH [En	ter only one cause per li					1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	CAUSED 8Y:	Soufforat	ion				JANU DEATH
353.2	DUE TO		1.0	f			
Conditions, if any, whi		Statur	Exelopel	in			7
gove rise to immedia couse (a), stating the <u>und</u>				1.	1/1		
lying couse lost.	) (c)	Cyples	my send	child	hord)		
PART II. OTHER SIGN  200 ACCIDENT WAS UNDER OR CONTRIBUTING II CAL (IF EITHER, NOTIFY MEDICAL	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HETERMINAL DISE	ASE CONDITION GIV	/EN IN PART 1(	o) 19. WAS AUTOPS PERFORMED? YES NO
	RLYING (1) 206 DES ISE OF DEATH IL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of i	njury in Part I or P	ort II of item 18.)		
WE OF INJURY Mon	· ·	£.	LACE OF INJURY (Hosciory, street, office b		ity or town)	(Cou	nty) (Stot
₹ p.m.	19 While of wor	rk Ot while	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		,	
21 I certify that (I) (t	his haspital) attend	ded the deceased from.		, 19. <b>57</b> to	death	. 19	, that (I) (we) la
saw the deceased ali	ve an	15 19 60 and that	death accurred	at 6.4.M. from	n the causes ar	nd an the d	ate stated above
22o. SIGNATURE	12 1	9	ATTENDING	, MED.	STAFF		22b DATE
Cu Cu	new my	more	M.D. PHYS  22d ADDRESS	DIRECTOR [	STAFF PHYS		1917/6
22c. PHYSICIAN'S NAME (Type)	5		220 ADDRES	חבי -	An I	7-6	
02. Puniu Grand		PRAORE		UULF			
BEMOVAL (Specify)	0-19-60	23c. NAME OF CEMETERY	OR CREMATORY		ATION (Čily, Iown,	.,	(State)
24 FUNERAL BIRERTOR'S SIGNA		Oliphant ADDRESS	2 2	50 REC'D BY REG	elmar, D	el. ISTRAR'S SIGNA	ATURE
W. X. Ma	-2 (C).	-Dalmer	10 (	PATERICT 21		11 - 9 H	



ofter death.



ivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, WARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) director. Page or your files. a. COUNTY a. STATE b. COUNTY Vicomico Wicomico MARYLAND b CITY OR TOWN (if outside corporate firm ts, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete lamits, write RURAL and give necrest town) write RURAL and give nearest town) Solicbury Solisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Oak Hill Ave State YES NO 12 3. NAME OF First Middle DATE DECEASED OF the (Type or print) PHRYETT WASHINGTON PARSOMS 1960 DEATH thin 24 Forms att.

Give Pages 1, 2, and 2, and 2, and 2, and 3, Page 5 may be some 1, and 2 with adds 1, and 2 with adds 1, and 2, and 2, and 2, and 2, and 3, and 4, and 4, and 4, and 4, and 5, and 4, and 4, and 4, and 5, and 4, and 5, and with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 80 yrs. Vale WIDOWED TX DIVORCED [ Varch 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Retired Salesman of Estate Salisbury, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert E. Parsons Julia Anne Truitt 18. Gi√ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Brotemarkle(Daughter)708 (Yes, no, or unkown) (Ifyesgive war or dates of service) " in pencil in Item 18
c Office along with fa
buriel-transit permit. S-lisbury, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),? INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Sudden IMMEDIATE CAUSE (+) DUE TO removal, Arterio-sclerotic cardio-vascular disease Years if any, which (b) Y MEDIMAL MXAMINEM This certificate she ecute the certificate, writing the word "pending" be forwarded to the Chief Medicel Examiner's CRAL DIRECTOR: Page 3 should be used as a be gave rise to immediate cause DUE TO (a), stating the underlying cremetion, PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(e), 19. WAS AUTOPSY CERTIFICATION PERFORMED NO 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. N 20c. TIME OF INJURY 1 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) Month, Day, Year (County) (State) 2 While Not While factory, street, office bldg., etc.) Hour e.m. at work al work prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X. Inquiry X and in my opinion death resulted from: Natural causes X I Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S Ave S: 11 Sbury, Na Address (Street, city, lown, or county) 65 md an 22c, NAME OF CEMETERY OF CREMATORY 228. BURIAL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) urio Parsons Cemetery Salisburv 240 g 23, FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME OCT 3 1 arthur S. Trans OLT WAY & 5M 7/59

AARYLAND STATE DEPARTMENT OF HEALTH

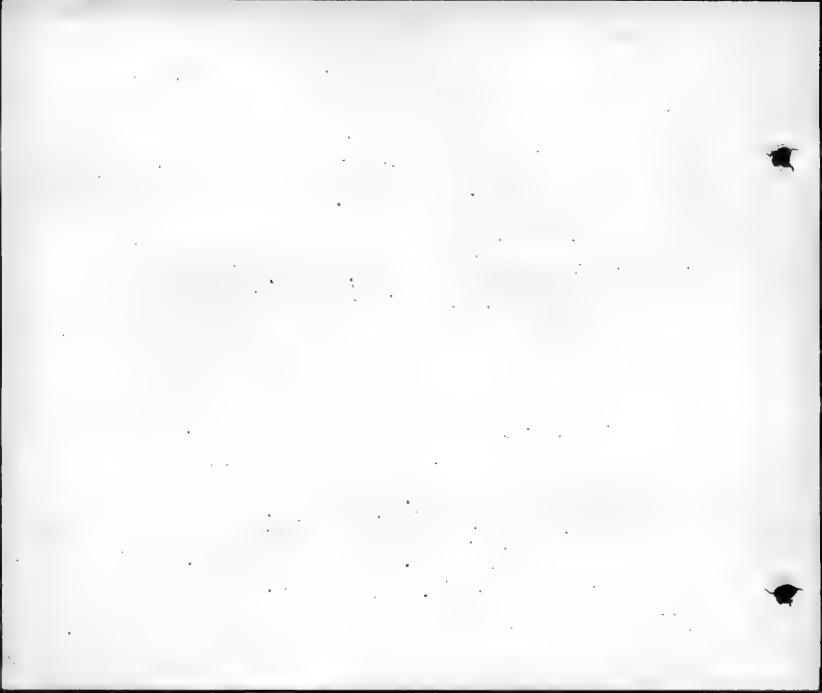


DATE NOV 9

<sup>2</sup>60

Clathy & Heard

physician attending 9 VS A15 (4) 15M 9/5B



· I			MARYLAND STATE DEPARTMENT OF HEALTH DEVELOP OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 14 MA	RYLAND
FOR STAT	E		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	JU6
HEALTH DE	<u>"</u> [.]		PLACE OF DESCRIPTION OF STATE OF COUNTY AS A COUNTY AS	lence before admission
r. Page files. Health			b. CITY OR TOWN (if outside corporete limits.	micos ve nearest fown)
S nector of	4		Wetipquin  Wetipquin	
eral di eral di e Boar			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, of street address)  G. STREET ADDRESS  Plantice Ruaff-	a. IS RESIDENCE ON A FARM? YES TO NO
tain Stat	18			y Yaar
3 to the be re ith the after d		1	(Type or print)  Ralph  Prottyman  SEX  G. COLOFOR RACE   7, MARRIED   18. DATE OF BIRTH  9. AGE (In years IF UNDER I YEA	19 R IF UNDER 24 HRS.
may 2 w			MINOWED DIVORCED DAYS	Hours Min.
s 1, 2, 2, 2 age 5		10a do:	USUAL OF CUPATION (Give kind of work 10h K.ND OF RUSINESS OR INDICATED 11 RIPTHPLACE (Ships or Javered Country)	OF WHAT COUNTRY
A3. La		13.	FATHER'S NAME	~
Sive Sive			William to Frellymon Instrument	D. AH.
Mith 18. Ora 16. Pir. Fig.		15 (Ya:	WAS DECEASED EVER IN U.S. ARMED FORCES? 166.60CIAL SECURITY NO. 117. INFORMANT	water
d. NAME OF HOSPITA. OR INSTITUTION (if not in hospital, operational enders)  d. NAME OF HOSPITA. OR INSTITUTION (if not in hospital, operational enders)  d. NAME OF HOSPITA. OR INSTITUTION (if not in hospital, operational enders)  3. NAME OF DECRASED (Type or print)  5. SEX  6. CO.OROR RACE   7. MARRIED   NEVER MARRI	18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), and (c),	MCO SIL		
o execution in lands a solong transit	4		PART E. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion	Sudden
uld find find find find find find find fin				Years
ding" ner's C i as a b or rem			gave rise to immediate cause  (a), stelling the underlying  DUE TO	JA- M
certificand "per "per "per "per "per "per usec nation,		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01	19. WAS ALTOPSY PERFORMED? YES NO TO
This wo Medica Should al, cren		ii.	PRIMARY Or CONTRIBUTING	1 [] []
MATINE Writing Chief Page 3 to buri		EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. P.ACE OF .NJURY (Home, ferm, Hour a.m. 20f. (City or town) (County)	(State)
EX.		*	printy 17 1 East Last 1	nd in my opinion
CAL Bed to CCTC			death resulted from. Natural causes X. Accident . Suicide . Homicide . Undetermined manner	
MEDIO S the co orward DIRE	2		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
TY I ecute be for RAL ignal			EXAMINER'S F- 1 L C-2	0-60
JNE des	3	200	NAME (Typa)  Address (Street, city, town, or county)  AURIAL, CREMATION, 226. DATE THEREOF.   22d LOCATION (City own, or country)	(State)
Digass plass of its	X	17	BEMOVAL ISPACING TOST 21/6 THE TOLIN VIENNETE Source Hill	mal
VS. ASSME	K	23,	ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA	ATURE
5M 7/59	A	L	Welly 6. Commer Snow Hell Med DATTOCT 25'60 College & Kee	ush.



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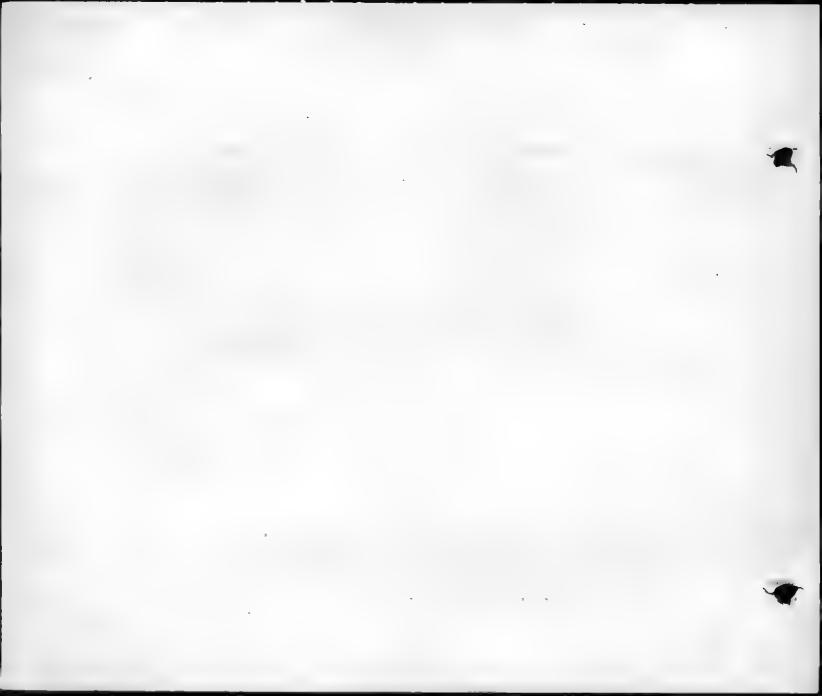
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

1	0	10	13	Ling
1	W	U	U	7

	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where decease a. STATE		e before admission)				
	Wicomico	MARYLAND	Mary Land	b. COUNTY Ta	llot "				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and g	ive negrest town)				
	Salisbury	1669 days	Easton	2	o'll Cod				
a	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
1		HOSPITAL	28 Talbot La	ne	YES NO				
	3. NAME OF First	Middle	Last 4. DATE	Month	Day Year				
	(Type or print) MARTHA	GEORG	IN PRICE DEATH	10	31 19 60				
	5. SEX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH	7	YEAR IF UNDER 24 HRS.				
	F W WIDOWEL	DIVORCED [	2-1-1881	79 yrs Months	Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. K during glost of working life, even it retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stoje or foreign	country) 12 CITIZ	EN OF WHAT COUNTRY?				
1	JAMES EDWARD PH	PIEE	HENRIETTI	A LEONAL	90				
/	15. WAS DECEASED EVER IN U S ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give way or dates of service)	OCIAL SECURITY NO. 17. IN 8-05-8332	FORMANT	Address					
	18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	erebral thromb	osis		ONSET AND DEATH				
	DUE TO								
	Conditions, if ony, which) Generalized arteriosclerosis								
	gove rise to immediate Couse (a), stating the under-								
	lying couse lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?				
	Z Z				YES 🔀 NO 🗌				
	OR CONTRIBUTING CLOUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	). (Enter noture of injury in Port I or Po	rt II of item 18 )					
	<u> </u>	f-c	CE OF INJURY (Home, form, 20f, (Cit tory, street, office bldg., etc.)	y or town) (C	ounty) (State)				
	Hour o. m. 19 While of work	Not while 100							
	21. I certify that (I) (this haspital) attended	ed the deceased fram	4-5 1956, ta	10-31 19.6	Q, that (I) (we) last				
	saw the deceased alive on 1 10-31	L1960 , and that d	eath accurred at 2_DM, from	the causes and an the	date stated above				
	22o. SIGNATURE		ATTENDING MED		22b. DATE SIGNED				
	V V June	Ull !	N D PHYS. DIRECTOR		11-1-60				
	22c. PHYSICIAN'S NAME (Type)	,		ead State Hosp:	ital				
	L. V. Maldve, M. D. Salisbury, Md.								
	230 BYRIAL, CREMATION, 231 PATE THEREOF	LANDING NE	ER CEM. ZAS	TON (City towns or county)	) MD.				
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS U	25a. REC'D BY REGIS		NATURE				
	MESCURICE CIPEUTING PAT	y casury	MA DATE NOV 7	60 arthur &	Fizand				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12008

	1. PLACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) 0. STATE b COUNTY
1	WICOMICO MARYLAND	INITRY LAND MORCESTUR
1	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
-/	Salisburk	BOBEAIN CITY STATE
)	d. NAME OF HOSPITAL (I) not in haspital, give street oddress)  OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
X,	Peninsula General Hospilal	BALLTIMORE HVE YES NOR
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) ANTHONI WILLIAM	Jullen DEATH (Juber 24 1960
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   lost birthday)   Months   Days   Hours   Min.
	Male White WIDOWED DIVORCED	AUG. 21, 1905 55 yrs
	10a. USUA. OCCUPATION (Give kind of work done of the long during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	MERCHANT SEAPOOD	BERLIN MD U, SA
\	3. FATHER S NAME	14. MOTHER'S MAIDEN NAME
	WILLIAM QUILLEN	HANGE ONLEY
	IS, WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	No No M	RS MALPH COLBURNE, ZALIS BURY/D
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILLY ATRY C	1 Milios
	O 8 L4 1/ DUE TO	
	Conditions, if day, which ) (b) Common BIL	E QUET OBSTRUCTION 6 Who.
	gave rise to immediate cause (a), stating the under-	· 2 Ctalle
	lying couse last. (c) Common DIL	E DUCT STONES.
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRE  OR CONTRIBUTING 1 CAUSE OF DEATH  If EITHER, NOTIFY MEDICAL EXAMINER	YES NO
	200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, farm, , 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)
	p. m. 19 of work of work	
	21 I certify that (I) (this hospital) attended the deceased fram.	7/ 7/ 1960, to Oct. 24 1960 that (1) (we) last
		death accurred at LAM, from the causes and an the date stated above
	220. SIGNATURE	ATTENDING MED STAFF TO SIGNED
	7 V. stery Herry mas	M.D TRIS
	22c. PHYSICIAN'S / NAME (Type)	22d. ADDRESS
N .	230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY C	
8		-HAM (2 FR- IN MID)
1,3	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	1 Dulage berlie	MA PATECT 2 DIGO THE PHONE

may be sined by the haspital ar attending physician.

TO FUNERAL DIMENTER: After this certificate has been signed by the attending physician and campletely filled of page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, cremotian, or remaval, and in any event within 72 hours after death.

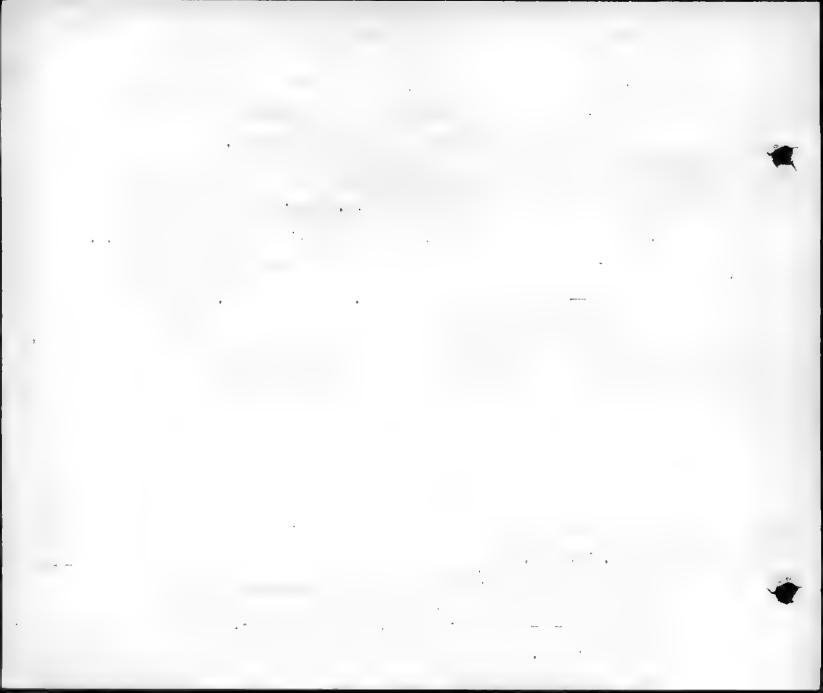
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Kal

by the funeral director,

rs after deoth. Page 4

TO HOSP VR A1S (4) 1SM 9/59





CERTIFICATE OF DEATH 12023Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNT **b** COUNTY MARYLAND b. CITYOR TOWN (If outside corporate limits, write RURAL and buve nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits) write RURAL and give nearest town) shauld be esteur d. NAME OF HOSPITAL (If not in hospital, give street address d STREET ADDRESS 4.- IS RESIDENCE ON A FARM? Brivate home YES NO 2 NAME OF Middle 4. DATE Day **Ү**еог OF DEATH (Type or print) 1960 7. MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years last bichday) Months WIDOWED ID DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 BIRTHPLACE (State or foreign country) uains an 3. FATHERS NAME 14. MOTHER'S MAIDEN IS. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per sine for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II. DETHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m While Not while ot work at work 1960 that I last saw the deceased 21. I certify that Lattended the deceased from and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED RETURN SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) CEMETERY OR CREMATORY REMOVAL (Specify) Deeren FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

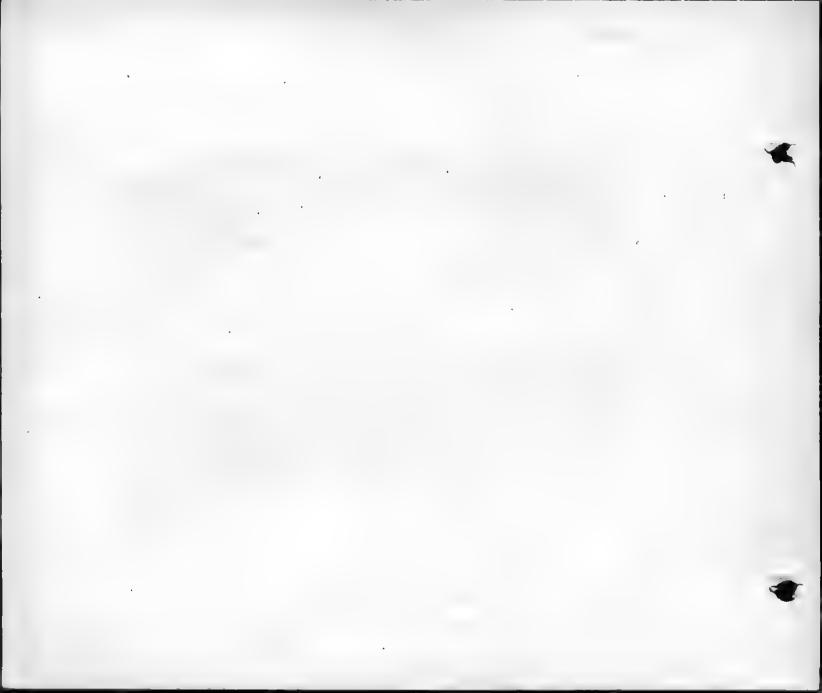
12011

	1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY VICENIC
	b. CITY OR TOWN [If outside corporate limits, write RURAL-and give nearest town]	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Company of the street oddress	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES 2 NO []
	3 NAME OF DECEASED (Type or print)	ext son death of the Day Year of DEATH of the Death of the Day Year
	S SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Pays   Hours   Min.
	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11 BIRTHPLACE (State or foreign country) 12. CITYEN OF WHAT COUNTRY?
	13. FATHER'S NAME & Robertson	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	SUSIE ROBERTON Blucke, 111
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PRESENTED TO THE PROPERTY OF T	HEMORR hyre E 12 DAYS
	Conditions, if ony, which gove rise to immediate couse [0], stating the under-	Atoroscelezosis 54eArs
1	lying couse lost. (c)	
)	וכאזונ	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{NO} \)
		ED (Enter noture of injury in Port I or Port II of item 18)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	21 I certify that (I) (this haspital) attended the deceased fram.	14 Sept. 1847, to 200 to 521960 that (1) (we) last death accurred all DAM, from the causes and an the date stated above
	220 MONATURE DESCRIPTION .	M.D. PHYS. DIRECTOR D STAFF PHYS. D
	15 Chard HSAUNDERS	S. NANTICORE Md.
1	230 BURIA , CREMAT ON 236 DATE THEREOF 231 NAME OF CEMETERY C	OR CREMATORY 33d LOCATION (City, town or county) (State)
	24 PONERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  DATE OCT 7 '60 Carthur & Tribus

ogs after death. Page 4 the attending physician and campletely filled "Ky the funeral director. Then please remave carban popers. Poges 1 and 2 shayld De filed with TO HOSPW OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 247 may be need by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59



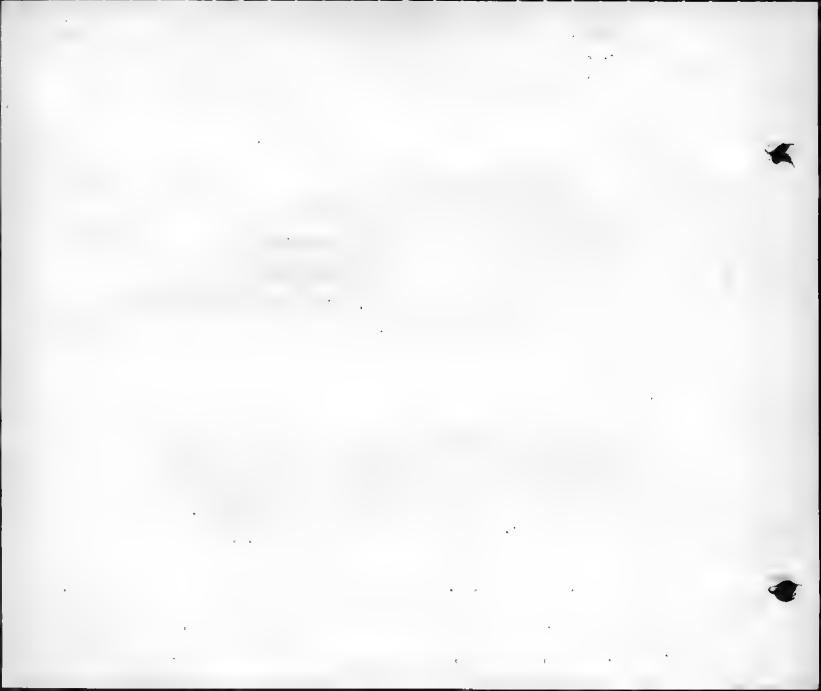
VR A15 (4) 15M 9/59

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12012

1. PLACE OF DEATH a. COUNTY	Wicomico		MARYL		usual residence (W	here deceased	lived. If instituti b. COUNTY				ian)
6. CITY OR TOWN RURAL and give to Salisbu	(If autside carporote limi earest lawn)	ts, write	LENGTH OF STAY I	N 16	Salisbur		ale limits, write R	URAL and	give nec	rest tawn	)
d. NAME OF HOSPI OR INSTITUTION Deer'S	TAL (If not in hospital, a Head State	ive street <b>Hos</b> p	oddress)		d. STREET ADDRESS	t Road					FARM?
3 NAME OF DECEASED (Type or print)	Alvi:	tz	Middle		Rushing	4. DATE OF DEATH	Mon Octo		9	,	Year 19 60
5. SEX Female	6. COLOR OR RACE Colored	7 MARI	RIED NEVER MARRIE		DATE OF BIRTH 3/18/1901		9 AGE (In years last birthdoy) 59 yrs.	IF JNDE	Doys Doys	IF UNDE Hours	R 24 HRS. Min.
10a. USUAL OCCUPATI during most of wo Dome s 13 FATHER'S NAME		dane 10b.	KIND OF BUSINESS OF	INDÚSTI	Marylan	4	uniry)	12. CIT		WHATC	OUNTRY?
Sam Ke	lden				Lela Ben	nett					
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice]	SOCIAL SECURITY NO.		Elizabeth		655 W	est R	ead Md		
Conditions, if gove rise to cause (a), staling lying cause lost	the under-	Ar	teriosclero	sis,					7		78
OL ACCIDENT W	TAS UNDERLYING CONTROL				OT RELATED TO THE TERM			VEN IN PA	KI I(a)	PERFC	RMED?
Y 20c. TIME OF INJU	RY Manth, Doy, Ye	White	NJURY OCCURRED Nat while		E OF INJURY (Home, får ry, street, office bldg., et		ar tawn)		(County)		(Stote)
21 I certify that (I) (this hospital) attended the deceased from June 3 159 to Oct. 9 1960, that (I) (we saw the deceased alive on Oct. 9 1960, and that death occurred at M from the causes and on the date stated at 220. SIGNATURE  ATTENDING MEDITARY PHYS 10/10  220 PHYSICIAN'S NAME (Type)  V. Juerman, M. D.  Deer's Head Mospital; Salisbury, Md.											
22c PHYSICIAN'S NAME (Type)					Deer's Hea					Md.	
230. BURIAL, CREMATI PEMOVAL (Specify Burial	10/ 15/1		Heme Bene		al Cen	Stee	ION (Cily, fawn,			(\$tot	ie)
Thereten B	r's signature • <b>Jelley.</b> S	alis	ADDRESS			C'D BY REGISTI DCT 2 0 'E		strar's s لى تىسلىن			



b. CITY OR TOWN (If outside corporate limits, write

SALISBURY d. NAME OF HOSPITAL (If not in hospital, give street address)

RURAL and give nearest town)

WICOMICO

**MEAD STATE HOSPITAL** 

First

JOHN

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

MARYLAND

c. LENGTH OF STAY IN 16

h67 davs

Middle

ADAM

CERTIFICATE OF DEATH

SCHAEFFER

12013

e IS RESIDENCE ON A FARM?

YES NO

Year

19

60

Cecil

18

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Perryville, Maryland

4. DATE OF DEATH

**b.** COUNTY

OCTOBER

Maryland

d. STREET ADDRESS

Lost

PLACE OF DEATH

NAME OF DECEASED

(Type or print)

director, shauld be filed with

after death. Page 4

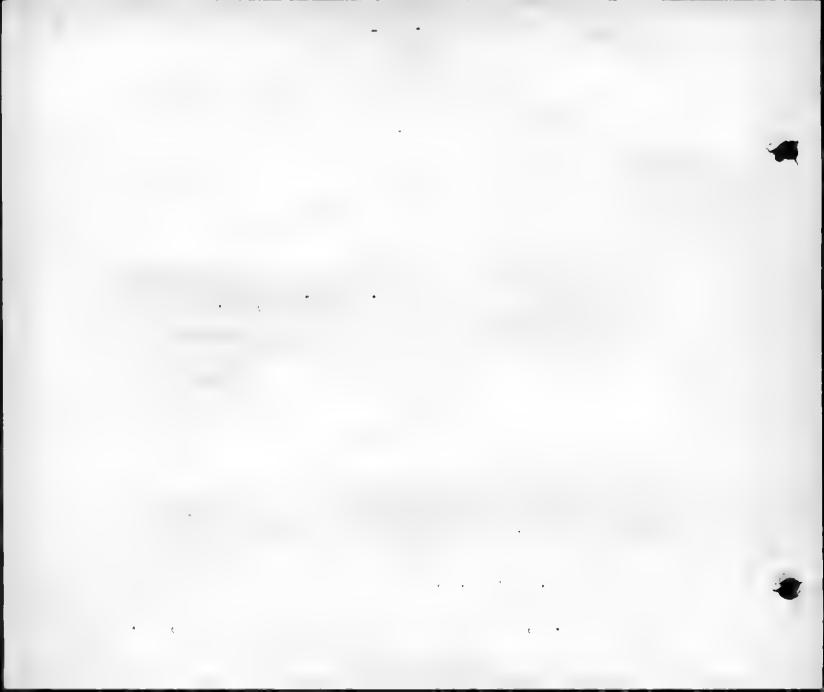
the funeral 74 ond bro

g mhysician and completely filled remaye carbon papers. Pages 1 havrs after death. and in any event, within 72 please ar remayal, permit. page 3 should be detached for use as the burial-transit the State Board of Health prior to burial, crematian, ar n

aftenling

OR ATTENDING EMYSICIAN: The law requires that the death certificate be executed within 2007 may be need by the haspital ar attending physic on TO FUNERAL DIRECTOR: After this certificate has been signed by the VR A1S (4) 15M 9/59

S	SEX 16 COLOR OR RACE 7.	6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH			IF UNDER 1 YEAR IF UNDER 24 HRS				
		IDOWED A DIVORCED	6/28/1874	lost birthdoy)	Months Doys Hours Min				
11	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None	e 10b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or Pennsy 1		12. CITIZEN OF WHAT COUNTRY?				
)	3 FATHER'S NAME	(Unk to	14. MOTHER'S MAIDEN NAM						
	WAS DECEASED EVER IN U. S. ARMED FORCES (15 yes, no, or unknown) (17 yes, give wer or dates of service Unix		John A. Schal Lancaster	effer(Son)5	28 Green St				
	IB. CAUSE OF DEATH [Enter only one couse , PART I DEATH WAS CAUSED BY: LIMMEDIATE CAUSE (o)	per ligher (o), (b), and (c).]	aid las	cicoma	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if any, which gave rise to immediate (b)	of st	ear ui	th					
CAL CERTIFICATION	couse (o), stoting the under- lying couse lost.    Column   Condition   Condit	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	ULLIFE CONDITION GIVE	EN IN PART I (a) 19 AS AUTOPSY				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 AS A LTOPSY PERFORMED? YES ON NO  20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)								
	1 47/40								
0.10	20c. TIME OF INJURY Month, Doy Yeor Hour o.m. N/A 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	N/A	(County) (Stote)				
	21 I certify that (I) (this hospital) a saw the deceased alive of Oct.	attended the deceased from.	July 9 1959 leath accurred a3:59		3 1960, that (I) (we) last an the date stated above.				
	220. SIGNATURE	4	M.D. PHYS. DIRECT		10/18/60 <sup>NED</sup>				
	PAME (Type) Lee L. La:	wry, M. D.	Deer's Head	d Hospital, Sa	alisbury, Marylan				
2	30. BUR AL, (REMATION, 23b. DATE THEREOF REMOVAL (Specify) Oct.21.1	960 Riverview	_	id. LOCATION (City, town, o Lancaster,	Pa.				
]	4. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY	SALISBURY MAR			TRAR'S SIGNATURE Children S. Kroud				



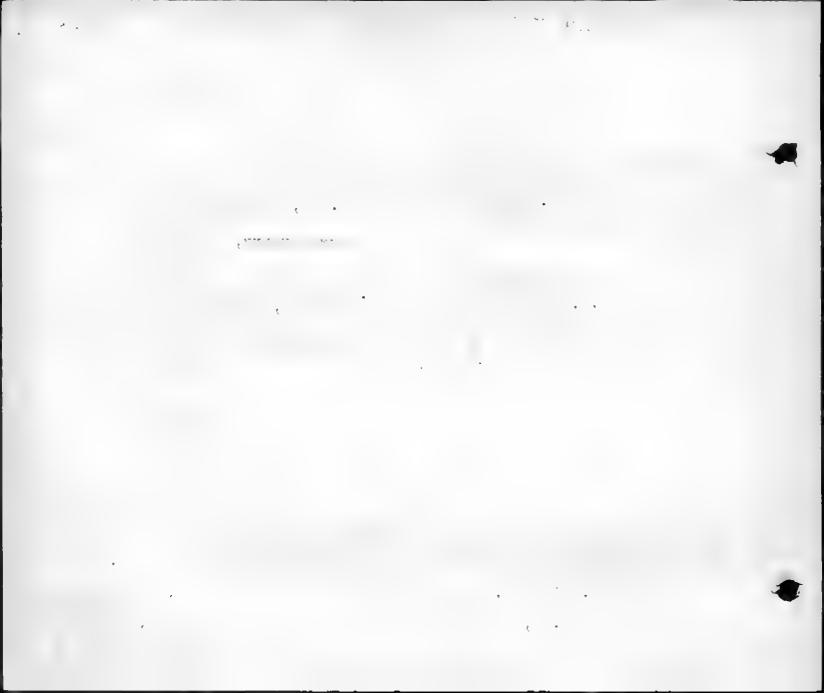
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12014

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O	DIR	는 Pion	back
₽	N.	shor	the State Board of Health prior to buriol, cremotian, or removal, and in any event, within 72 haurs after death.
HOS ay b	FON	oge 3	e Sta
TO HOS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 247 is after death. Page 4 may be med by the haspital or aftending physician.	Ser TO FUNEX DIRECTOR: After this certificate has been signed by the attending physician and campletely filled 🕏 by the funeral director,	Se page 3 should be detached for use as the bur'al-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	. €
VR A	1m - 9/5	(4)	

CERTITION	TIE OI DEATH						
1. PLACE OF DEATH COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY Wicomico						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Selisbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Salisbury						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 706 Smith St	d. STREET ADDRESS 706 Smith St  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)						
3. NAME OF DECEASED (Type or print) OTIS WINFIELD	SHORES  4. DATE Month Day Year SHORES  OF DEATH OCTOBER 18 19 60						
S. SEX    6. COLOR OR RACE   7_MARRIED \( \text{M} \) NEVER MARRIED \( \text{M} \)   White   WIDOWED \( \text{M} \) DIVORCED \( \text{M} \)	8. DATE OF BIRTH  Jan. 20, 1894  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   IF UNDER 24 HR						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)  Book-Keeper -Furnature Store	Reakxkskana, Maryland U S A						
Woodland Shores	Mary Somers						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 117.	informant 'S. Maude Shores (Wife) 706 Smith St Salisbury, Maryland						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), storing the under.  Lying couse lost.  (c)	lear fashere  Centre heart desease						
САТІС	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO						
	RED. (Enter noture of injury in Port I or Port II of item 18.)						
	PACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)  N/A  N/A						
21 I certify that (I) (this haspital) attended the deceased fram							
Theely a findley	M.D. ATTENDING MED. STAFF OCT. 226. DATE PHYS DOCT. 1960						
22c PHYSICFAN'S NAME (Type) Dr. Philip A. Insley	Main St Solisbury, Maryland						
230 BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY REMOVALUSED OCT. 20, 1960 VICOMICO I							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  RYT AND DATE OCT 2 4'60 Orthog S. Hand						
HOILOWAY & COMPANY SALIGBURY MA	RYTAND DATE OCT 24 '60 arilan S. Thank						

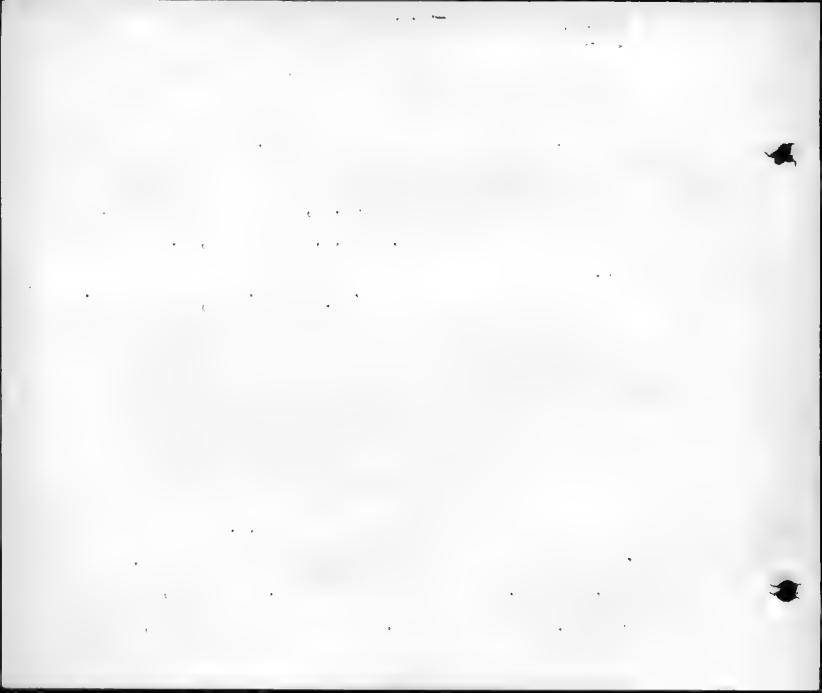


VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 12028 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12015

1. PLACE OF DEATH a. COUNTY	Wicomico		MARYLAN	II a STATE	Mary		l lived If institution b. COUNTY	Wicom		an)
b. CITY OR TOWN	(If autside corporate limit regrest tawn) Salisbury	s, write	c. LENGTH OF STAY IN T	CITY C		•	role limits, write RU	RAL and give r	nearest fawn	)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 511 E. Isabella St				d STREE	d STREET ADDRESS				e IS RESIDENCE ON A FARM? YES TO NO TX	
	711 10.1041	) C.T.T	a st	- 3	511	₽*TSS	bella St		I E3	NO [X
3. NAME OF DECEASED (Type or print)	LEVII		Middle SCOTT		last ORT	4. DATE OF DEATH	Month OCTOF		~	9 60
s sex Male	1	7. MARE	NEVER MARRIED			3		Manths Days		R 24 HRS Min
100 USUAL OCCUPATI	ON (Give kind of wark d	one 10b.	KIND OF BUSINESS OR IN					12 CITIZEN	OF WHAT CH	OUNTRY?
	rking life, even if retired)  MDloyee-Me	ssi	ck Ice Co.		# Sne		11, Md.	U	SA	
William	C Short				hia Ta					
	ER IN U. S. ARMED FORCE (If yes, give wor or dates of se		SOCIAL SECURITY NO				ort(Wife	5) 511	E.Isa	bell
		1		130.	54,	TISOU	LA LISTAT			
	ATH [Enter only one cou ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO	ne per iii	Cosesse.	ecy Tr	lever	21/12	4-37		NET AND	
Canditians, if i gove rise to couse (a), stating lying couse last.	the under-									
PART II. OT	geen	ca a	200	reside	selve	צ נמינה		N IN PART I(o)	PERFO	NO X
	200. ACCIDENT WAS UNDERLYING   20b. DESCRISE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  N/A									
20c. TIME OF INJU Hour a.m. p. m.	RY Manth, Doy, Yea	r 20d II While at war	Nat while	PLACE OF INJUR factory, street, of N/A			ar tawn) N/A	(Caunt	γì	(State)
	21 1 certify that (1) (this haspital) attended the deceased fram. 19.37, to 10-2, 1960, that (1) (we) last saw the deceased alive an 9-25, 1960, and that death occurred at 45%, from the causes and an the date stated above									
220. SIGNATURE	cely ? il	L	islen	M.D. ATTEND	ING ZX N	AED DIRECTOR [	STAFF OC	t.	/\_C	SIGNED
22c PHYSICIAN'S NAME (Type)	r.Philip A	I.In	sley	22d. AD Ma.		, Sal	isbury,N	aryla	nd	
230 SURIAL, CREMAT	ON. 23b. DATE THEREO	F	23c. NAME OF CEMETER	Y OR CREMATORY	,	23d LOCA	ION (City, Jawn, or	county)	(Stołe	o)
REMOVAL (Specify Burial	0xt.4.19	960	Parson	s Cemet	erv	S	alisbury	. Marv	land	
24, FUNERAL DIRECTOR			ADDRESS			D BY REGIST		RAR'S SIGNAT		
HOLLOWAY &	& COMPANY	S	ALISBURY MA	ARYLAND	DATE	OCT 4	'60 a	Cithun &	though	
							- 1			



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12029

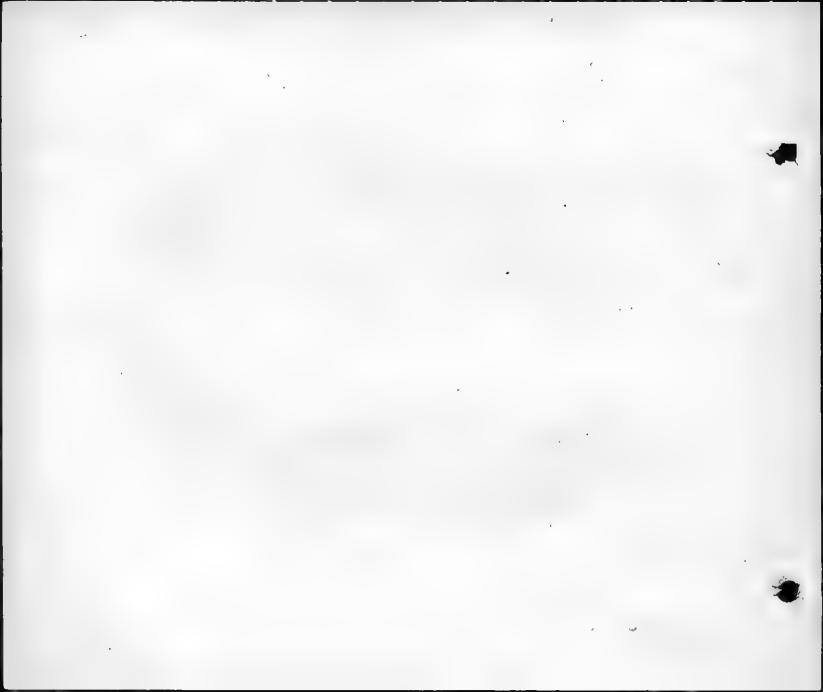
12016

LACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived If institution: Residence before admission) o. STATE b. COUNTY
Wivemice	MARYLAND Sorverset
. CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY	Y IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest fawn)	Manage
NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e is RESIDENCE
OR INSTITUTION	ON A FARM?
FENINSULA STEMPOR HESPILAL	MAIN DAD VES NO
AME OF First Middle	le Lost 4. DATE Month Day Year
Type or print) TRISCILLA A.	Stive DEATH October 8 1960
6. COLOR OR RACE 7. MARRIED NEVER MARR	RIED   B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR
- 1 1. P. L WIRDOWER EX DIVORCE	Idst Dirrindoy)   Months   Days   Hours   Min
USUAL QCCUPATION (Give kind of work done 10b. KIND OF BUSINESS	
during ryost of working life, even if retired)	1/
HOUSEHOLD HOUSEH	
ATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM IAYLOR	ELIZABETH MESSICK
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	IO. 17 INFORMANT Address
no, or unknown) / (If yes, give wor or dates of service) UNKNOWN	VIRGINIA EVANS- WENONA MO
7,410	
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	CITY ON SET AS DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Tacker Comment appallen
DUE TO	
Conditions, if only, which ) (b) FDI as-	wid (ARCINOMIA ( t RUX)
gove rise to immediate QUETO	122 - C DE 1 101/ 1 10/14
Luine sauce last	IV ( Convolized Meteoral 18
, 19	DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS
15	PERFORMED?
Themation Janeten	Tellality, June 1960 YES NO
20g. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY (	OCCURRED. (Either nature of injury in Part For Part II of Item 1B)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto
Hour a.m. While Not while of work of work	foctory, street, office bldg., etc.)
	19 At 9 ha
21. I certify that (I) (this haspital) attended the deceased	D T
	id that death accurred at/LiBM, from the causes and on the date stated above
220 SIGNATURE :	22b DATE
thus theirony.	MD ATTENDING MED STAFF PHYS   CO/O
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) RIVERS HANSON	DALISBURY MA
PENNOUN (Condition)	METERY-OS CREMATORS (State)
ura 1001, -11-1960 ST. PAU	ULS DUENONA "IA
SUMERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1. D. Webster Neal Isl	land his DATE OCI 14 60 archur S. Kine

TO HOSP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Mm is after death. Page 4 may be wined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59



	12030	CERTIFICA	TE OF DEATH	12017
	COUNTY WICOMICO	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residue, STATE WARYLAM & b. COUNTY	dence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside/corporate limits, write RURAL or	nd give nearest town)
	d NAME OF HOSPITAL/(If not in haspital, give street) OR INSTITUTION  NIN SULH GENERAL H	OSPITAL	d. STREET ADDRESS HOZEL AVE	6. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) CLYSE L	VINGATE T	AYLOR 4. DATE OF Month	e 30, 1960
1	SEX 6. COLOR OR RACE 7. MARK MALC WINITE WIDOW	The state of the s	SEPT. 18, 1887 (month) Manth	
W	o. USUAL OCCUPATION (Give kind of work done 10b dyring most of warking life, eyab if retired)	AASONRY	MARYLAND	7.5.A
- (	GFORGE W. TAYA	lor /	NETTIE WINGATE	
	WAS DECEASED EVER IN U. S. ARMED FORCES! 16.	SOCIAL SECURITY NO. 17. IN	15. C. U. TAYLOR - S	AME
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY	ne for (o), (b), and (c).]	0 .)	ONSET AND DEATH
	332 DUE TO Canditions, if ony, which ) (b)	rebal arte	hom cleson	3 yes.
	gove rise to immediate cause (o), stating the under- lying couse last.	emeralized a	arterio clever	5 yw +
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(o) 19 (WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20g ACCIDENT WAS UNDERLYING   206 DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Port II of item 18 )	
MEDICA	20c TIME OF INJURY Manth, Doy, Year 20d. I Hour o. m. 19 While p. m. 19	Not while fac	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this interpital) attend			2.62, that (1) (44) last
	saw the deceased alive on 220. SIGNATURE		leath accurred at 1 2 M, fram the causes and on	the date stated above
	22c PHYSICIAN'S NAME (Type)	Hal	M.D. PHYS. DIRECTOR PHYS D	ch pt 110

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

23d EQCATION (Cify town, or county)

25b

REG STRAP'S HIGHATURE

250 REC'D BY REGISTRAR

(State)

TO HOSP OR ATTINDING EMYSICIAN: The law equires that the death certificate be executed within 24 % is after death. Page 4 may be may be med by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriof, cremation, or removal, and in any event, within 72 haurs after death.

23g BURIAL, CREMATION,

24 FUNERAL DIRECTOR'S SIGNATURE

DATE THEREOF

is after death. Page 4

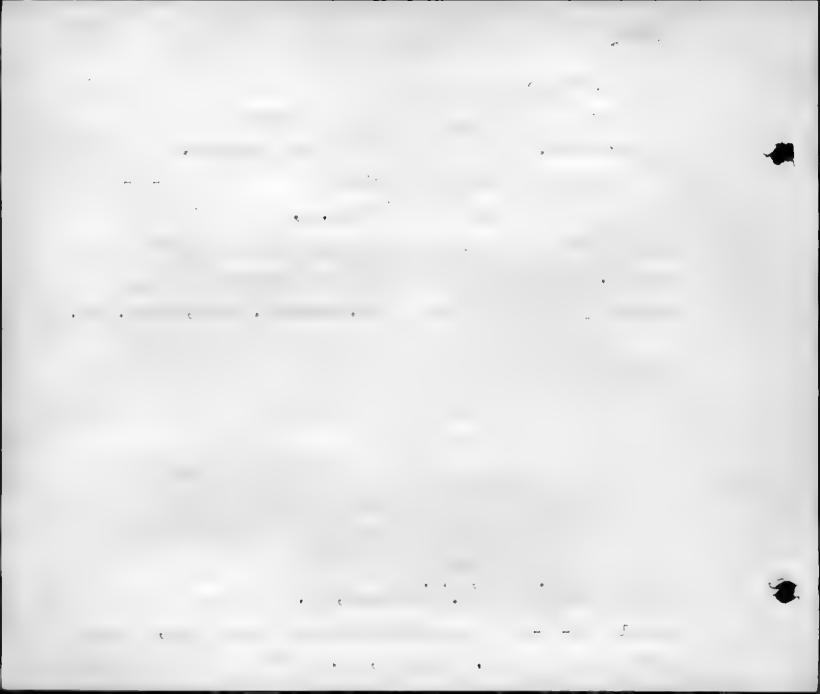
VR A1S (4) 15M 9/59



W. PRESTON STREET, BALTIMORE 1, MARYLAND AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTIL DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission) director. Page on your fles. e. COUNTY a. STATE b. COUNTY MARYLAND Wicomico Maryland Wicomico b. CITY OR TOWN (if outside corporete .im.ts, C. LENGTH OF STAY IN 16 CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) write RURAL and give neerest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Salisbury Boss d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Park Ave State | YES NO 3. NAME OF 上03 M3. Pages 1, 2, and 3 to the id M3. Page 5 may be retain regest and 2 with the Str within 72 hours after deal Middle Month Yaai DECEASED (Type or print) DEATH Kathyrn Stevenson 16. COLOR OR RACE 7, MARRIED NEVER MARRIED X 10-22-60 Todd 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours | Min. WIDOWED [ DIVORCED 86 yrs. 1873 100. USUAL OCCUPATION (G ve kind of work Nov. 9. 1873 [ 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COLNTRY? done during most of working life, even if retired) within Never work None Maryland
14. MOTHER'S MAIDEN NAME U.S FM3. 13. FATHER'S NAME in pencil in Item 18, Give Frank C. Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORME Ellen Irving (Yes, no, or unkown) ((fyasgivewerordatesofservice) Office sons with None Mrs. Hooper S. Miles. Balto. 18. CAUSE OF DEATH (Enter only one couse per lina for (a), (b), and (c). ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) removal, benial Conditions, if any, which (b) gave rise to immadiata causa pending" 10 Examiner's DUE TO (a), stelling the underlying cause last used cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e, 19. WAS AUTOPSY CERTIFICATION PERFORMED? 遇 cute the certificate, writing the mass of forwarded to the Chief Medical LAL DIRECTOR: Page 3 should be NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) PRIMARY IT or CONTRIBUTING F burial, CAUSE OF DEATH. 20a, PLACE OF INJURY (Home, ferm. 20ft (City or fown) 20c. TIME OF INJURY Morth, Dev. Yeer 1 20d. NJURY OCCURRED fectory, streat, office bldg., etc.) While Not While 54 1819 ( = at work [ at work Inspection -21. I certify that I took charge of the remains described above, held an Autopsy | | and in my opinion death resulted from: Accident . Suicide Homicide | Undetermined manner Natural causes please execute the ce 4 should be forward CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED COLUMN TO SERVICE DEPUTY MEDICAL EXAMINER Earl L. Royer, M.D. ATTE SOLIS DUTY Addres (Street, city, town, or county) 407 Camdon 220. BURIAL, CREMATION, 22d. LOCATION (City, fown, or country) DE REMOVAL (Specify) 4 0 Presbyterian Cometery Salisbury Manyland 23. FUNERAL D RECTOR VS. A15ME DATE OCT 2 5 '60 5M 7/59 Hill and Johnson Co. Salisbury, Md. allen & Know

RYLAND STATE DEPARTMENT OF HEALTH



# FOR STATE 12040 HEALTH DEPT. IO DE TO BE ASSULTED TAMINER: This certificate should be executed within 24 hours after death. If a hay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the Liveral director. Pege 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files IO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, end in any event within 72 hours after death. VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	PLACE OF DEATH			In sections amounts	*****	1 14 1 4 1 1 1 1 1 1 1	
	a. COUNTY			B. STATE	NCE (Where deceased in b.	red, It institution: Kest	denca before adm ssion)
-	b. CITY OR TOWN (if outside co	erporate limits, c	MARYLAND . LENGTH OF STAY IN 16	Mar	yland (If outsida corporate limit	Wico	mico ve neerest town)
-	Pittsville		, give street eddress)	d. STREET ADDRESS	Pittsvill	<b>6</b>	a. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED	First	Middle	Pine	Street	Month D	YES NO Y
	SEX COLO	R OR RACE 7. MARRIED [	D. VORCED DE OF BUSINESS OR INDUSTR	nsend Date of Birth 3-13-1917		yrs. Months Day	AR IF UNDER 24 HRS.
	Laborer  FATHER'S NAME	ven if relimd)	ırsery	Mary	land		S A
1S.	Ollie Towns . WAS DECEASED EVER IN U.S. A	send ARMED FORCES? 16. SO	CIAL SECURITY NO. 17, I	Ida Ni		ddress	***
	18. CAUSE OF DEATH [En] PART I. DEATH WAS CAI IMMEDIATE Conditions, if any, which	ar only one causa per lina USED BY:	for (a), (b), and (c) ]	. Morris I	00	Parsonsb	INTERVAL BETWEEN PHISET PEPEATH
CERTIFICATION	geve rise to immediate cause (a), stating the underlying cause lest.  PART II, OTHER SIGNIFICA	DUE TO  (c)  NOT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDITIC	ON GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO X
	20a. EXTERNAL CAUSE WAS PRIMARY [Ther CONTRIBUTION CAUSE OF DEATH.	S L	HOW INJURY OCCURED, (E	nter netura of injury In Pa	Ref   or Part   of item 18 )		pr-man-mailer
MEDICAL	9 Hour a.m.	th, Day, Year   2Dd. INJ While 26 19 40   et work [		CE OF INJURY (Home, far ory, streat, office bldg., et OMO	c.)	(County)	
	21. I certify that I took	charge of the remain	ns described above, he	d an Autopsy,	Inspection 7.	Inquiry , a	nd in my opinion
	death resulted from.	Natural causes .	Accident, Suici	de X. Homicide CHIEF MEDICAL	EXAMINER	ed manner	
	ACTUAL SIGNATURE	16/4		M D	DICAL EXAMINER		DATE SIGNED
221	NAME (Type) 107	L. Royer,	Salisbur	Medress (Street,	c ty, town, or county) 226. LOCATION (City		-60 (Stata)
23	Burial 10.	29-60 lac Aal	Suint on Com	nel PAPCT	C'D BY REGISTRAR 24E	OKA Mª . REGISTRAR'S SIGN CLULLUM S. KLA	ATURE
4	F		<del>- ()</del> -	INGLE			



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Pt

TO HOS

VR A15 (4) 15M 9/59

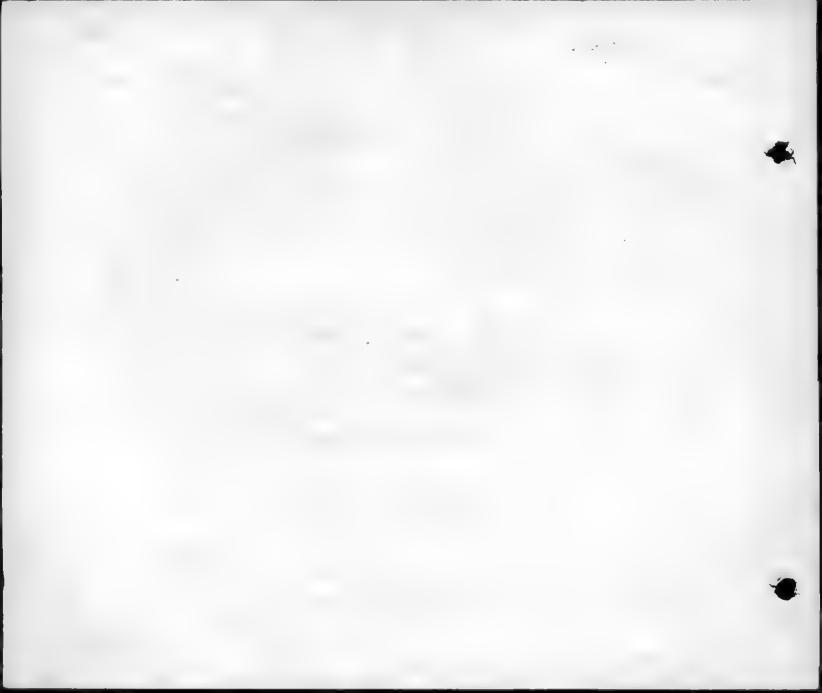
2 ofter death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12032

12020

1	PLACE OF DEATH O. COUNTY	RYLAND	2 USUAL RESIDENCE (Where deceased lived Institution, Residence to STATE)	efore admission)
扌	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF ST		c CITY OR TOWN (If ayside carporate limits, write RURAL and give	
1	RURAL and give nearest fown)		DAles levery and 14	
	d. NAME OF HOSPITAL (If not in haspitol, give street oddless) OR INSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	CVINSULA CUNETAL HOSPITAL		1050 Re 31	YES NO Z
3	NAME OF First Mid DECEASED (Type or print)	dle	Last A. DATE Month OF THE DEATH CATINGS	Day Year 1960
5	SEX   6 COLOR OR RACE   7. MARRIED   NEVER MA	RRIED		AR IF UNDER 24 HRS.
1	lemate NEGRO WIDOWED DIVO	CED 🗌	19/8 tast birthdoy) Months Da	ys Hours Min
10	Oo. JSUAL OCCUPATION (Give kind of work done during most of working lyte, even if retired)  KIND OF BUSINES	OR INDUS	ISTRY 11. BIRTHE ACE (Store or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
L	someste non		Solidiery my a	1.6
13	3. FATHER'S NAME		14 MOTHER'S MAIDEN MAME	
	Ames Joopsel			
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY Yes, no, of inknown]   fif yes, give wor or dates of service]	NO M. IN	NFORMANT Address	
_	4 2/3 T14-CI	63 1	ellhon Joursens	
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).}	4	NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cry	Imondoza -	
	DUE TO	4		
	Conditions, if any which (b) (b)	- En	non -	
	couse (a), stating the under-	27		
1	lying couse lost. (c) (c)	DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(c	TIR WAS AUTORSY
CITAT	3	DEATH BUT	THOS REDATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 18	PERFORMED?
CEDTIES	206 ACCIDENT WAS INDERLYING   206. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH   206. DESCRIBE HOW INJURY OF CAUSE OF DEATH   206. DESCRIBE HOW INJURY OF CAUSE OF DEATH   206. DESCRIBE HOW INJURY OF CAUSE OF CA	OCCURRE	D. (Enter noture of injury in Port I or Part II of item 18 )	
		20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Cour	nty) (Stote)
A CICAL	Hour o.m.  While Not while of work at work	fac	ctary, street, affice bldg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1		1 6	Sept 1960 to Get 5- 1960.	4
	21 I certify that (I) (this haspital) attended the decease saw the deceased alive an Color 5 19 Co. a		death accurred at CAM, from the causes and an the d	
	220_SIGNATURE	na mar a	death accurred dy err m, from the causes and an the di	22b, DATE
	Clematchell		M.D. ATTENDING MED. STAFF PHYS.	SIGNED
	22c PHYS CIAN S NAME (Type)		22d ADDRESS	
2	30 BUR A., REMATION, 23b. DATE THEREOF 235 NAME OF C	EMETERY O	OR CREMATORY 23d ADCATION (City, town, or county)	(State)
	(REMODER (Specify) Och 8-1960 Garein	Ac	res Halsoken mil	
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNA	TURE
1	Dooten in West		DATE OCT 1 9 '60   Condum 4. 1	



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12021

's after death. Page 4

12033

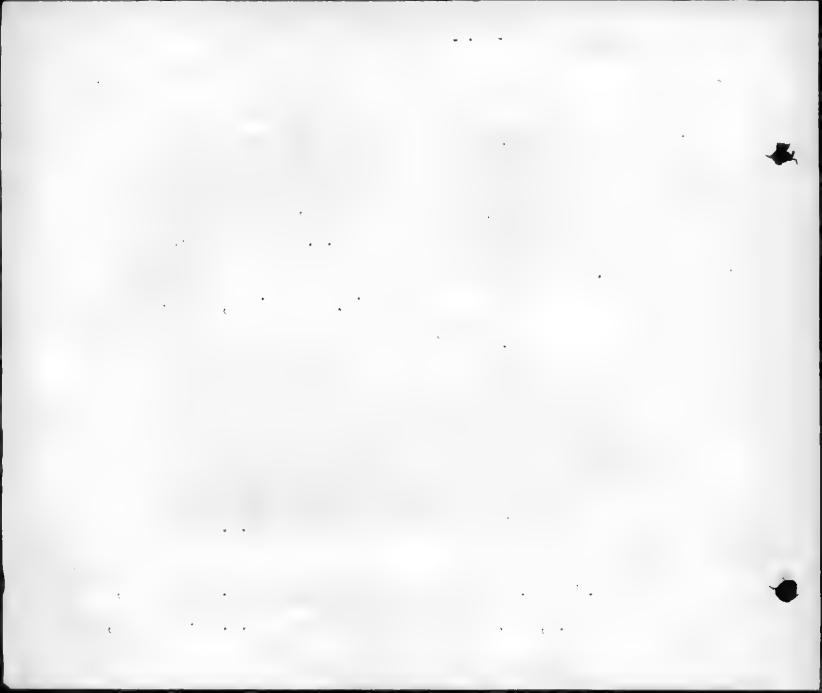
may be wined by the haspital ar attending physician.

TO FUNERAS DIRECTOR: After this certificate has been signed by the ottending physician and campletely filted footy the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 22 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 A

TO HOSP VR A15 (4) 1SM 9/S9

11-												
1.	PLACE OF DEATH o. COUNTY	Vicomico		MAR	YLAND	g STATE	Mary]		b COUNTY	on. Residence b		
	b CITY OR TOWN (I RURAL and give no	f outside corporate limi earest fown)	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If a	utside corpo	rote limits, write R	URAL and give	nearest low	vn)
	, , , , , , , , , , , , , , , , , , ,	Balisbury				13	Salis	sbury				
Г	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS				e. IS RE	SIDENCE A FARM?
L	OK INSTITUTION	136 Upton	St				136 T	<u>Jpton</u>	St			ON 🔯
3.	NAME OF DECEASED	Fir	st	Middl	e	Las	st	4. DATE OF	Mon	ith	Day	Year
	(Type or print)	SARAH		JANE (J	ENNI	E) TOWN:	SEND	DEATH	OCTO	BER	5th	19 60
٤.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 🔲	B. DATE OF BIRT	Н		9. AGE (In years			
	Female	White	WIDOW	DIVORC	ED 🔲	June 2	5,187	76	lest birthdoy) 84 yrs	Months Doy	s Hours	Min
10	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU			or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
L	TOUR SOUTH	rk at Hom	9	None		RD	# 7	Sal 1	sbury.M	a u	SA	
	FATHER'S NAME	11 000 110111		************		14. MOTHER'S			PDVLY	<u>u. j </u>	17 14	
1	Villiam J	[ Smith					ia Jo					
-		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	0 17.10	ICODMANIT			, Add	ress .		
-{Y	N, no, or unknown)	(If yes, give war or dates of s	ervice)		Mr	Still	iam v Salis	Dix.	on Davg	hter)l nd	36 U	pton
	18. CAUSE OF DEA	ATH [Enter only one co	use perti	ne for (a) (b), and (c	1//			,			NTE VAL E	
1	PART I. DEA	TH WAS CAUSED BY:	. M	104100	46	(1/m)	450	<b>t</b>		-	THE LAND	10
П	323	IMMEDIATE CAUSE (of		- Carrer	10						2	- 2
	-JJ @(		,									
	Canditions, if a gove rise to i		)									
1	couse (a), stating		)									
1_	lying couse last.	) (c	}									
\ S N	PART II OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	ZATH BUT	NOT RELATED IN	O THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS	S AUTOPSY ORMED?
CATION	1	degene	al	use all	al	l de	s-ca	120.			YES [	] NO []
CERTIF,	20a. ACCIDENT WA	AS UNDEALYING	20b. DES	CRIBE HOW INJURY	OCCURRE	D (Enter noture	of injury in	Port I or Par	t II of item 18.)			
		MEDICAL EXAMINER)		N/A								
MEDICAL	20c. TIME OF INJUR	RY Month, Doy, Ye	ar 20d, !	NJURY OCCURRED		ACE OF INJURY			y or town)	(Caun	ty)	(Stole
103	Hour a.m.	NT /A 19	While of wor		roe	ctory, street, offic	e blog., erc	i-J	N/A			
~		11/ 12			4 -	0/11/		1.0	10/1	-60		
		at (I) (this hospita	) a teno	- / -			- TT 1 10	LEA M	19/3			(we) las
	saw the decea	sed alive on	19,	1960, an	d that c	death accurre	d di	M, fram	the causes ar	nd on the do		
	22d. SIGNATURE	111/0000	1 1/1	Mh.		ATTENDIN	IG M	ED	STAFF -		_	225. DATE SIGNED
	/XXCC	ul/ Allu	665	steel;		M.D. PHYS.	Z. DI	ED IRECTOR	PHYS 🔲 O	ctober		/196
12	22c PHYS CIAN'S NAME (Type)	4	_			22d. ADDR						
ľ	1,753/1	Dr. Earl M	.Bea	rasley		Mar	yland	l Ave	. Salis	bury, $M$	aryl	Find
23	a BLR AL, CREMATIC	N, 23b DATE THEREC	OF.	23c NAME OF CE	METERY O	R CREMATORY		23d. LOCA	TION (City, town,	ar county)	(\$)	ote)
	REMOVAL (Specify)	Oct.8.1	,	Shad P	oint	Cemet	erv	R.D	.# Sali	sburv.	Marv	land
24	FUNERAL DIRECTOR			ADDRESS				D BY REGIS		STRAR'S SIGNA		
H	OLIOWAY 8	& COMPANY	S	ALISBURY	MAR	YLAND		CI 1 0 '	en l	Thur S. H		
-				The state of the state of			21116			- 21. 70	Property and Prope	



### FOR STATE HEALTH DEPT

TO DE. CY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a lay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the it-waral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as aburial-transit permit. File pages 1 and 2 with the State Board of Legalth, or its designated agent, prior to burial, generation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

		LAND STAT				
Division of STATIST	TICAL RESEAL	RCH AND RECO	RDS, 301 W.	PRESTON ST	REET, BALTIMORE	1, MARYLAND
Division of STATIST	MEDICAL	EXAMINE	R'S CERT	IFICATE (	OF DEATH	12022

B. COUNT WICOMICO  b. CITY OF 100001 (souther souther support limits).  c. LENGTH OF 1574 in 18	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
write RURAL and give nearest love?  Salisbury (Rural)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)  Pen Gen Hospital  Name of Hospital Or North Hall Rd  Name of Hospital Rd  Name of Hospital Or North Hall Rd  Name of Hospital Or North Hall Rd  Name of Hospital Rd  Name	Micomico	* STATE Maryland b. COUNTY Wicomico
Salisbury (Rural)  4. Name of hospital or Namitton (if no in beginding we alread eddins)  4. Same of hospital or Namitton (if no in beginding we alread eddins)  5. Name of hospital or Name of the property of the part of th		e. CITY OR TOWN (If outside corporete fimits, write RURAL and give neerest town)
AME OF HOSPITAL OR INSTITUTION (if not in boughed, give siteal eddress)		Salishupy (Rupal)
Pen Gen Hospital    Snow Hill Rd		
DECERSED TYPE OF PIRCH STORY OF PIRC		ON A FARM?
Type or print)   DANTEL   EDWARD   WATSON   DEATH   OCTOBER 23rd 1960		
March   16, 1941   1979   100   10	(Type or print) DANIEL EDWARD	WATSON DEATH OCTOBER 23rd 19 60
Mary	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Accident		March 16,1941   19 yrs.   7 7 7
H. BOWMAN Watson(Deceased)  13. WAS DECEASED EVER IN U.S. ARMED FORCES?  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. IV. INFORMANT  Was Leroy Smith (Aunth Pine Bluff State  Hospital Salisbury, Maryland  18. CAUSE OF DEATH [Inter-only one coup-per line for (a), (b), and (c).  19. PART I. DEATH WAS CAUSED BY.  10. INTERVAL BETWEEN  ONSET AND DEATH  ONSET AND  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND  ONSET	done during most of working life, even if relired)	
H. BOWMAN Watson (Deceased)  15. WAS DECASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. INTERMANT  If yes give we cordelated stanking.  16. SOCIAL SECURITY NO. INTERMANT  MYS. Lervy Smith (Aunt) Address  B. CAUSE OF DEATH Enter only one causerper line for (a). (b). and (c). HOSPITAL  B. CAUSE OF DEATH Enter only one causerper line for (a). (b). and (c). HOSPITAL  B. CAUSE OF DEATH Enter only one causerper line for (a). (b). and (c). HOSPITAL  Conditions, if any, which gover its to immediate cause (a). staing the underlying of the To Cause leat.  Conditions, if any, which gover its to immediate cause (a). staing the underlying of the To Cause leat.  20e. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  20e. EXTERNAL CAUSE WAS  PRINARY   or CONTRIBUTION   20b. DESCRIBE HOW INJURY OCCURED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  17 WAS AUTOPSY PERFORMED?  18 YES   NO   10   10   10   10   10   10   10   1	Employee-Laborer None	Salisbury, Maryland   USA
15. WAS DECASED EVER IN U.S. ARMED FÖRCES?   16. SOCIAL SECURITY NO. U. INFORMANT   No. U. I. INFORMANT   No. U. I.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Teach	H.Bowman Watson(Deceased)	Elva Price(Deceased)
IB. CAUSE OF DEATH   Enter only one causer per line for (a), (b), and (c).	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Chairle Address Disco Chair
18. CAUSE OF DEATH lenter only one causer per line for (a). (b), and (c).  PART I. DEATH WAS CAUSE 0 87  IMMEDIATE CAUSE (a)  DUE TO  Conditions. If any, which gave rise to immediate cause (a), stating the underlying cause less.  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (ii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUTING TO DEATH BUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SIGNIFICANT CONDITIONS CONTENBUT IN PART (iii)  PART II. OTHER SI	YES	Hoenital Salichury Maryland
PART I. DEATH WAS CAUSE BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (a), staling the underlying cause lest,  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PRIMARY   OF CONTRIBUTING    200. EXTERNAL CAUSE WAS PERFORMED?  YES NO      PRIMARY   OF CONTRIBUTING    CAUSE OF DEATH.  PAUT 0   10 Ver - Turned on Curve  201. Time Of INJURY Month, Day, Yeer   204, INJURY OCCURRED   256, PLACE OF INJURY (Home, farm, 207. (City or lown)   (County)   (Sieta)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  200. EXTERNAL CAUSE WAS PERFORMED?  YES NO      PRIMARY   OF CONTRIBUTING   10 Month, Day, Yeer   204, INJURY OCCURRED   256, PLACE OF INJURY (Home, farm, 207. (City or lown)   (County)   (Sieta)    PART II. OTHER SIGNIFICANT COUNTY   10 Month   10 Month	The second secon	
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Due to  (a), staling the underlying  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF DEATH  201. TIME OF INJURY Month, Day, Year  202. TIME OF INJURY Month, Day, Year  203. INJURY OCCURED 206. PLACE OF INJURY (Home, farm, 201. (City or lown) (County) (Siete)  (Siete)  (Siete)  (Siete)  (Siete)  (CHIEF MEDICAL EXAMINER OF Undetermined manner Of CHIEF MEDICAL EXAMINER OF CAMBE (Type)  (CHIEF MEDICAL EXAMINER OF CAMBE (Type)  (Siete)	1 9 3 3 %	7 4 1
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Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. WAS AUTOPSY PERFORMED.  YES NO   200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enfor nature of injury In Part 1 or Part II of Itam 18.)  PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO COURSE OF DEATH OF ITAL OF COUNTY OF THE PART II.  200. EXTERNAL CAUSE WAS PRIMARY OF COUNTY OF THE PART II.  10. WAS AUTOPSY PERFORMED.  11. Induction of Itam 18.)  11. Induction of Itam 18.)  12. Induction of Itam 18.)  12. Induction of Itam 18.)  13. Induction of Itam 18.)  14. Induction of Itam 18.)  15. WAS AUTOPSY PERFORMED.  16. Induction of Itam 18.)  17. Itam 18.)  18. WAS AUTOPSY PERFORMED.  18. Induction of Itam 18.)  18. Was Autopsy Of Itam 18.)  19. WAS AUTOPSY PERFORMED.  19. WAS AUTOPSY PERFORMED.  19. Was Autopsy Of Itam 18.)  19. Was Autopsy	DIETO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF CONTRIBUTION (COUNTRY) INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF CONTRIBUTION (COUNTRY) INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF COUNTRIBUTION (COUNTRIBUTION INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.)  PRIMARY OF COUNTRIBUTION (Enter nature) Injury of II of Itam 18.)  PRIMARY OF COUNTRIBUTION (COUNTRIBUTION INJURY OCCURED. (Enter nature) Injury of II of Itam 18.)  PR	(a), stating the underlying	
PERFORMED?  YES NO   20e. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING		OT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART VALUE AND WAS AUTODEN
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Steta)  While Not While at work 1 Highway Wicomico Md.  21. I certify that I took charge of the remains described above, held an Autopsy Inspection And Inquiry And in my opinion death resulted from: Natural causes Accident A. Suicide Homicide Homicid	E PART II. OTHER SIGNATURE CONDITIONS CONTINUED IN	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Steta)  While Not While at work 1 Highway Wicomico Md.  21. I certify that I took charge of the remains described above, held an Autopsy Inspection And Inquiry And in my opinion death resulted from: Natural causes Accident A. Suicide Homicide Homicid	CA	YES NO 🔀
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Steta)  While Not While at work 1 Highway Wicomico Md.  21. I certify that I took charge of the remains described above, held an Autopsy Inspection And Inquiry And in my opinion death resulted from: Natural causes Accident A. Suicide Homicide Homicid	E 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Enfer nature of injury in Part f or Part II of Itam 18.)
20c. TIME OF INJURY Month, Day, Yeer Hour a.m. 10/22 1960 at work Mile Not While Not W	"#####################################	ed on Curve
21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   And in my opinion death resulted from: Natural causes   Accident   Acc	20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Homa, farm, ; 20f. (City or lown) (County) (Stata)
21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   And in my opinion death resulted from: Natural causes   Accident   Acc	Hour Jam. 10/22 60 While Not While	dory, streat, offica bldg., etc.)
death resulted from: Natural causes Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE  DATE SIGNED  DEPUTY MEDICAL EXAMINER  DOCTOBER  1960  22e. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or country)  Stelle)  BURIAL CREMATION  BURIAL CREMATION  22d. LOCATION (City, town, or country)  Stelle)  BURIAL CREMATION  BURIAL CREMATION  22d. LOCATION (City, town, or country)  Stelle)  ADDRESS  24e. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE		
CHIEF MEDICAL EXAMINER   ACTUAL SIGNATURE  DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   OCTOBER   /1960  22e. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, fown, or country)  Selection   Chief MEDICAL EXAMINER   DATE SIGNED  /1960  22e. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, fown, or country)  BURIAL (Spacify)  BURIAL (Spacify)  Cot. 28 /60 Wicomico Memorial Park  Salisbury, Maryland  23. FUNERAL DIRECTOR   ADDRESS  24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		
ACTUAL SIGNATURE  SIGNATURE  DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY	death resulted from: Natural causes . Accident M., Suice	
SIGNATURE  EXAMINER'S Dr. Earl L. Royer  EXAMINER'S DEPUTY MEDICAL EXAMINER (X)  Address (Street, city, lown, or county)  Cotober > /1960  226. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  Burial Oct. 28 /60 Wicomico Nemorial Park Salisbury, Maryland  23. FUNERAL DIRECTOR  ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL S	
NAME (Type) 407 Camden Ave Salisbury, Md. Address (Streat, city, lown, or county) October / 1960  22e. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, lown, or country)   (Stele)  BURIAL OCT. 28 /60 Wicomico Memorial Park Salisbury, Maryland  23. FUNERAL DIRECTOR   24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE	SIGNATURE	M.D.
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Siete)  Burial Oct. 28 /60 Wicomico Memorial Park Salisbury, Maryland  23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PURMINISTREE TO THE PROPERTY OF THE PROPERTY O	
Burial  Oct. 28 /60   Wicomico Nemorial Park Salisbury, Maryland  23. FUNERAL DIRECTOR ADDRESS   246. REC'D BY REGISTRAR'S SIGNATURE	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	
	Burial Oct. 28 /60 Wicomico Ne	
HOLLOWAY & COMPANY SALISBURY MARYLAND DATE OCT 28'60 Cirthur S. Hours		
	HOLLOWAY & COMPANY SALISBURY MA	RYLAND DATE OCT 28'60   Cirthur S. Kraus

personal are will be restricted to the state of the state SUST MAN TO MANUFACTURE PROPERTY AND INDICATE OF THE PROPERTY was and the second of the seco

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12023

	CERTIFICATE OF BEATT							
1. PLACE OF DEATH	4		2. USUAL RESIDENCE (Where deceased lived. If it					
a. COUNTY W	001000	MARYLANE	mary hand b. co	UNITY WILD MICO				
	f autside carporate limits, write	c. LENGTH OF STAY IN 18		- United States of the States				
RURAL and give ne	bury		Pittswill e	_ X				
d. NAME OF HOSPIT	'AL (If not in hospital, give stree	t address)	d. STREET ADDRESS	e. IS RESIDENCE				
Pen 11Vs	sura Her	1er-a LHOSE	TAI) R.D.# 1	YES- NO				
NAME OF DECEASED (Type or print)	HAROLD	BENJAMIN	White 4. DATE OF DEATH Oct	Month Day Year 12th 1960				
. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In last birth	The second secon				
Male	White  wipov	VED DIVORCED	March 18,1891 69	yrs. 6 Days Hours Min.				
On USUAL OCCUPATION	ON (Give kind of work done 10b	KIND OF BUSINESS OR IN	OUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY				
Retired	hing life, even if retired)	Farming	R.D.# Pittsville, M	a. USA				
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
John Ben	jamin White		Manie Parsons					
	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		rs. Elva A. White(Wife)	R.D.#1 Pittsville				
Canditians, if a gave rise to it cause (a), stating lying cause last.	mmediate DUE TO	Ingo cardo	intie course the	oubsis mino				
4			UT NOT RELATED TO THE TERMINAL DISEASE CONDITIO	PERFORMED? YES NO				
PART II. OTH	AS UNDERLYING (1) 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	N/A	RED. (Enter nature of injury in Part I ar Part II of item	16.}				
20c. TIME OF INJUR Haur a.m. p. m.	NT /A While	The second secon	PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street affice bldg., etc.)	(County) (State				
21. I certify the	at (I) (this haspital) attended	100	n. 10 - Co 1900, to 10 - death accurred a 370M, from the caus	es and an the date stated above				
22a. SIGNATURE	len R. El	lès J	M.D. ATTENDING MED. STAFF PHYS. PHYS.	22b. DATE SIGNE				
22c. PHYSICIAN'S NAME (Type)	r.Wilber R.E	Illis Jr	Medical Center-Sa	lisbury, Maryland				
3a. BURIAL, CREMATIC		23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City,	tawn, or caunty) (State)				
REMOVAL (Specify)	Oct. 16/196	O Line Chu	rch Cemetery-Wicomico	County . Maryland				
4. FUNERAL DIRECTOR	1000001270	ADDRESS	25a. REC'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE				
HOILOWAY	& COMPANY S	ALISBURY, MA	RYTAND DATE OCT 1 4 '60	arthur S. Thank				

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hars after death. Page 4 may be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

